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MONTREAL

SEPTEMBER, 1962

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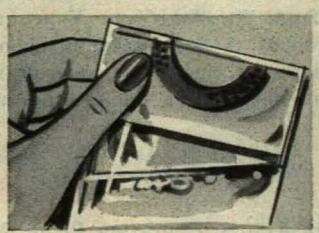

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Between Ourselves

This is the month when we bring you our report of the day-by-day happenings at the biennial convention. Before you begin to read of the many sessions, visualize yourself as being seated in a large, beautifully appointed theatre with excellent acoustics no matter where you might choose to sit. Each speaker has a microphone so that every syllable is clearly audible everywhere. The Association officers had hoped that registrations might go to at least 2,000. That was probably the only source of real disappointment during the entire week since the actual total fell well below that number though the theatre would have seated 2,800.

Despite pleas from your *Journal* for advance copies of the numerous addresses, so that we might bring all of them to you in this issue, many speakers failed to provide their material ahead of time. Some spoke only from notes. You will observe as you proceed with your reading of "Pacific Convention" that we state that a number of the addresses will be in next month's issue. We say this with our fingers crossed hoping the authors will remember their promises to respect our deadlines.

Under the direction of the CNA's Public Relations counsel, Mr. B. J. McGuire, and with the untiring assistance of Miss Jacqueline Ouimet, of the ANPQ as translator, daily bulletins of doings both inside and outside the convention hall were available each morning.

By and large, the weatherman cooperated extraordinarily well. In fact, the first day we would have been uncomfortably warm if the air conditioning had not been functioning. One rainy day in the whole week might constitute something of a record. Actually, it was a godsend for it damped down a serious forest fire on Vancouver Island, the smoke from which obscured our clear view of the mountains.

On the Plaza outside the theatre numerous leisure-time attractions were there for our entertainment. The street painter with several dozen canvases completed if you were interested in taking home a painting. The old Indian barbecuing small chunks of salmon in the native style. The grizzled prospector rather apathetically demonstrating how to pan for gold.

The nurses of B.C. had collected a very considerable quantity of lovely souvenirs which they distributed to the registrants as gifts from the various chapters. These friendly tokens were gratefully received and much appreciated.

The nurses of Victoria provided a wonderful outing for the several hundred members who travelled across to the capital city on Saturday morning. Some 350 visitors had received hand-addressed, gift-edged invitations from Lieut.-Governor and Mrs. Pearkes to attend a reception at Government House. By the way, a good many pairs of white gloves were laundered on Friday evening.

It was "off to Hawaii" or "north to Alaska" for quite a few of the conventioneers. A fair-sized contingent had included a visit to Seattle in their itinerary, despite the higher exchange rate. The $25 limitation on goods that could be brought home from these trips was a bit of a disappointment, however.

June, 1964 is already only 21 months away. Have you begun to think about going to Newfoundland for the next convention? As the president of their nurses' association remarked, it is no further from Vancouver to St. John's than it was from St. John's to Vancouver. All of you at in between points should make enquiries right now so you will know how much fare money you need to save.

The 4th Annual Operating Room Nurses' Conference, sponsored by a sub-committee of ANPQ, will be held at the University of Montreal Auditorium November 20-21, 1962.

Topics to be covered, with simultaneous translation of both French and English, are as follows: Legal aspects, hospital asepsis, vitality of communication, hospital accreditation, medical jurisprudence, how to delegate effectively and interpersonal relations.

THE CANADIAN NURSE

VOLUME 58 **NUMBER 9**

SEPTEMBER 1962

783 COURAGE ..... *E. A. E. MacLennan*

Miss MacLennan is the new president of the Canadian Nurses' Association.

785 PACIFIC CONVENTION ..... *J. E. MacGregor*

798 CHANGE AND CHALLENGE ..... *H. Nussbaum*

Miss Nussbaum, who is the general secretary of the International Council of Nurses, gave this address at the Biennial Convention in June.

802 NURSING EDUCATION FOR A WORLD OF CHANGE ..... *L. W. Hassenplug*

Mrs. Hassenplug is Dean of the School of Nursing, University of California Medical Center, Los Angeles.

812 ACCEPTANCE ADDRESS ..... *A. L. Wright*

Miss Wright spoke on behalf of the nurses who were awarded honorary memberships at the recent convention.

813 PING-PONG TABLES IN THE NURSING ARTS LABORATORY ..... *B. W. DuGas* and *B. Blackwood*

Mrs. DuGas is associate director of nursing (education) and Miss Blackwood is instructor in nursing fundamentals in the school of nursing, The Vancouver General Hospital, Vancouver, B.C.

816 THE POCKET-SIZED PROGRAM ..... *L. I. Loney*

Mrs. Loney, a graduate of Regina General Hospital, is refinery nurse at The British American Oil Co. Ltd., Moose Jaw, Sask.

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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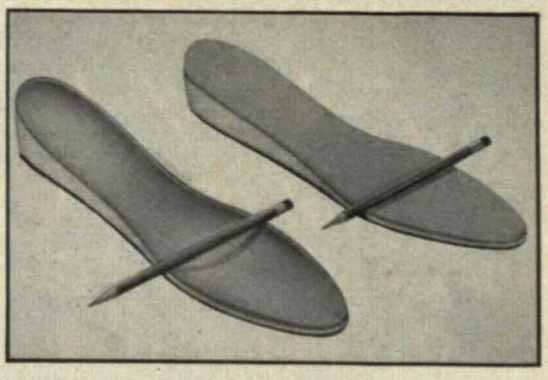

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Random Comments

Dear Editor:

This is to inform you of my change of address. I look forward to receiving *The Canadian Nurse* each month and should be most disappointed to miss an issue because of neglecting to let you know of a change in my address.

Being a newly graduated registered nurse I find myself acting a little selfish in that I like the idea of having a *Canadian Nurse* all to myself. In training one or two copies had to suffice for the whole student body.

June M. Hendry, Manitoba

Dear Editor:

To renew my subscription to *The Canadian Nurse* is a pleasure.

The *Journal* provides informative and constructive reading matter and gives us the opportunity of learning many things through the experience of excellent practitioners. At the same time, it keeps us in contact with our large nursing family.

May I take advantage of this opportunity to extend a sincere thank you for the service rendered by the *Journal* through the efforts of the editorial staff.

Y. Collier, California

Dear Editor:

The Canadian Nurse is much appreciated — not only for the immediate enlightenment but also for future reference. I found myself referring to back issues during my student days and also during my two years at university. Thank you!

(Mrs.) Beverly McCann, Saskatchewan

Dear Editor:

Thank you for the *Journal*. I shall be returning to the profession on a full-time basis and I feel that the information given each month will ease the fears which will be mine for awhile.

(Mrs.) M. Edith Murdock, Ontario

Dear Editor:

I am interested in the two short articles by your deaf correspondents. I had to give up my professional work more

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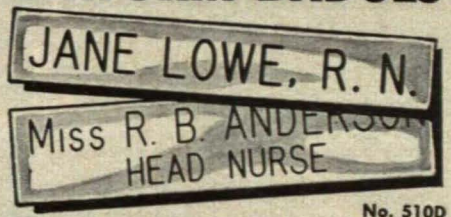

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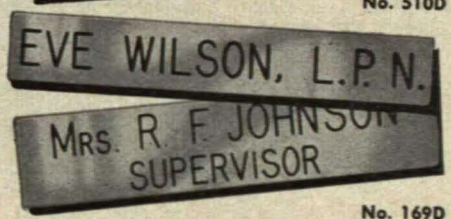

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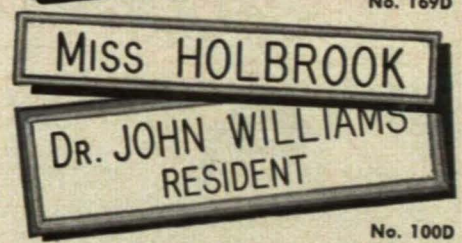

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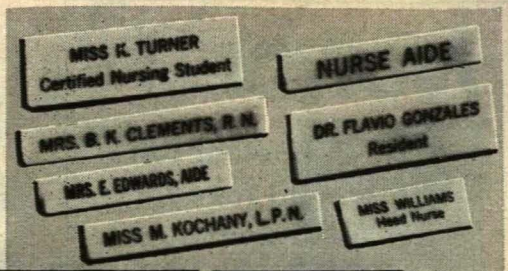

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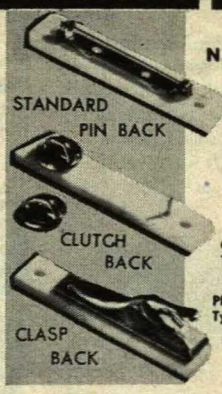

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of strain, the enjoyment of learning, meant much. There was a lot of hard work and probably there are women to whom such a life does not appeal. I am glad I made the break before the strain became too great.

A subscriber,

Yorkshire, England

Erratum

In the list of names of former presidents of the Canadian Nurses' Association that appeared in the July issue, Edith McPherson Dickson's name was underlined in error. Miss Dickson lives at 100 Gloucester Street, Oakville, Ont.

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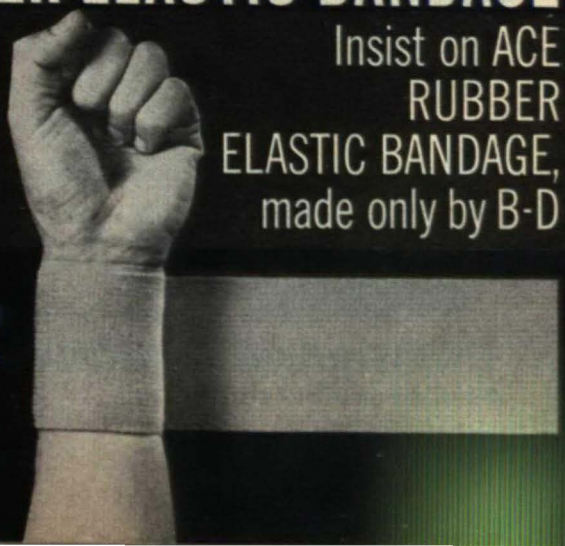

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*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950
Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955
Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

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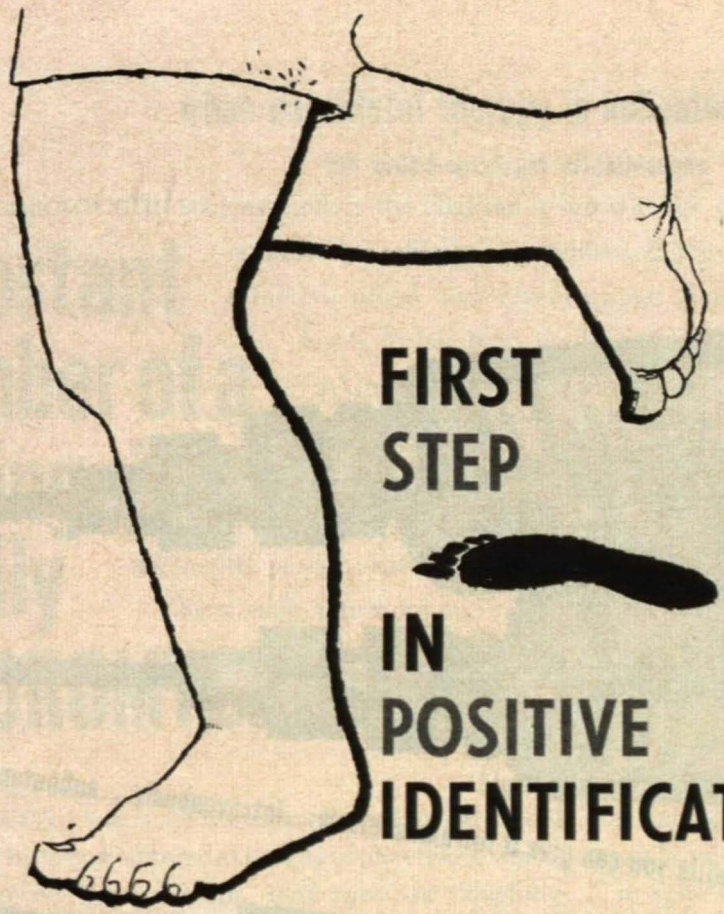

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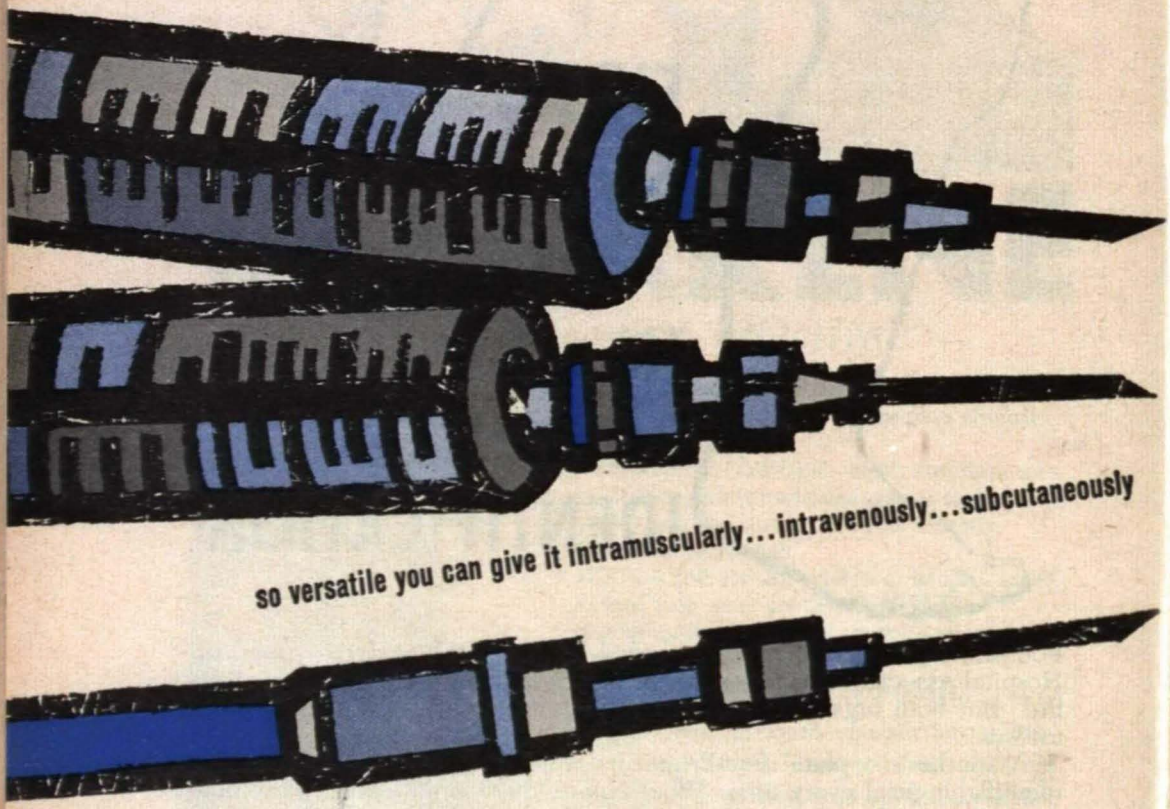

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References: (1) Ross, S.; Puig, J. R., & Zaremba, E. A.: Antibiotics Annual 5-803, 1958. (2) McCrumb, F. R., Jr.; Snyder, M. J., & Hicken, W. J.: Ibid., p. 837. (3) Payne, H. M., & Hackney, R. L., Jr.: Ibid., p. 821.

Medical literature available on request.

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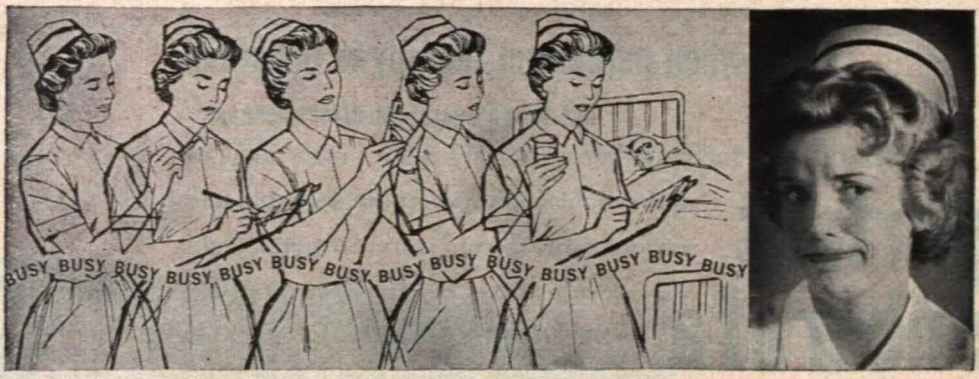

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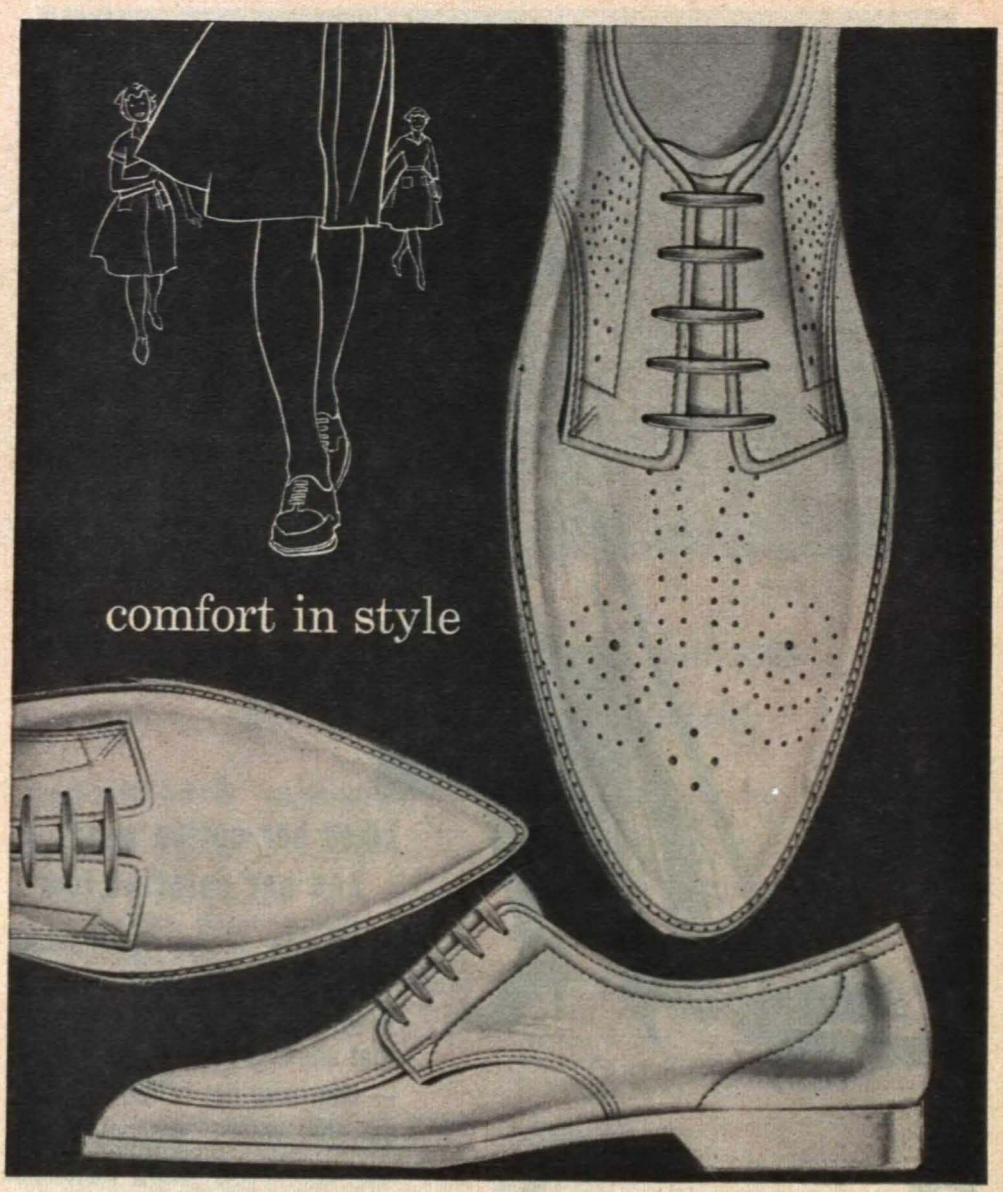

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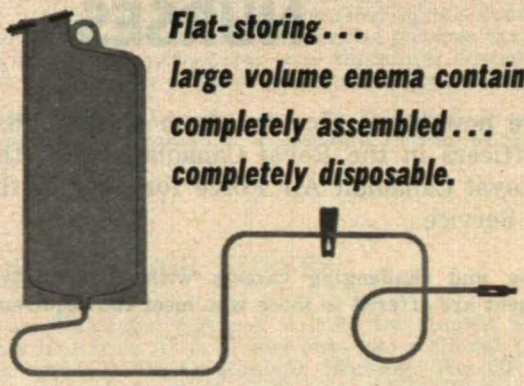

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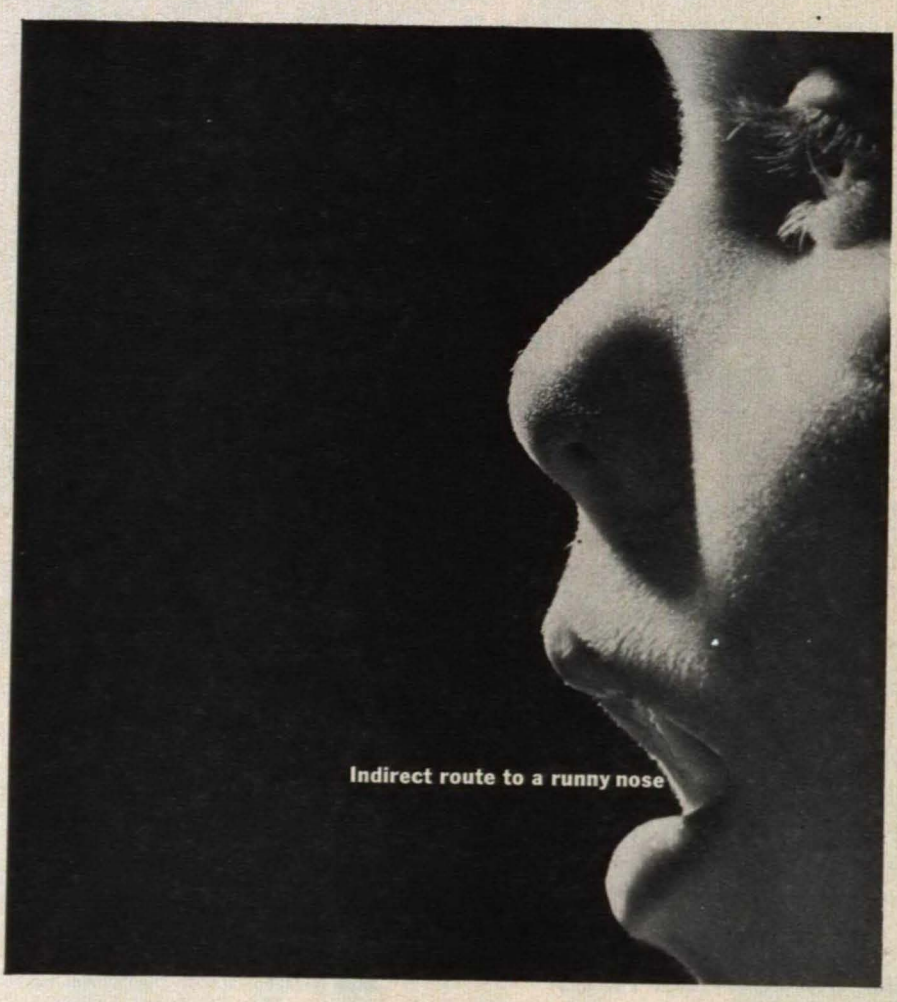

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VOLUME 58 NUMBER 9

MONTREAL, SEPTEMBER 1962

COURAGE

IT IS WITH great humility that I step into the presidency of the Canadian Nurses' Association. I am deeply sensitive of the great honor which you have paid me. I will endeavor to merit the trust and faith that you have placed in me.

Courage is the watchword that I have chosen for the 1962-64 biennium. It will take great courage in the days ahead to hold fast to our ideals and beliefs in the rightness of our claim that nursing is a profession entitled to conduct its own affairs and competent to guide its development and progress.

Nursing 'round the world is facing a crisis as great as any that has come upon it in the course of its history. Nursing is being compelled to face challenges to its fundamental belief — that nursing is one of the great humanitarian professions. In the past 25 years every one of its traditional foundations has been exposed to the most searching criticism. Even today the Royal Commission on Health Services for Canada continues to examine and probe. In the process it is pinpointing many areas in great need of correction and improvement.

As has been revealed in the several reports this week, we are prepared to concentrate our attention upon the

(Wright, Halifax)

ELECTA MACLENNAN

following trouble spots: Nursing service must be improved; economic welfare of our members must be given greater attention; the basic professional educational program needs some new and daring patterns; science has created new dimensions for service for which we, in nursing, must find new designs through research if we are to fulfill these new demands of society.

The demands of service are so great that other personnel have been brought into the field of nursing. We must recognize that competition wastes but cooperation builds. Our new designs in service must incorporate the activities of these new groups. It will take courage to face the dark spots such as selfishness, money grabbing, incompetency and expediency, but we must not let such red herrings deter us from our main purpose.

We are not discouraged. We can say with the Apostle Paul, "We are troubled on every side, yet not distressed; we are perplexed but not in despair." (2 *Cor.*, 4:8) I am confident that the Canadian Nurses' Association can and will approach the problems of today with the utmost determination and courage.

E. A. ELECTA MACLENNAN
President
Canadian Nurses' Association

IN THE GOOD OLD DAYS

(The Canadian Nurse—September 1922)

From a letter to the editor: . . . The great and important industry of caring for sickness and maternity remains in a condition of unsatisfactory accomplishment — a state of chronic financial distress because relief, adequate relief, will come only when we "resort to government" or state collection and distribution of funds for a health service. Call it what you will, in the end it is *money* — actual dollars and cents — that will supplement or provide a percentage of the costs and maintain a working balance in cash for all public health service, including medical and nursing care of the sick and dependent, preventive, instructive and remedial.

* * *

Excerpts from the report of the findings of the Rockfeller Foundation on the nursing situation: That all agencies, public or private, employing public health nurses, should require as a prerequisite for employment the basic hospital training, followed by a postgraduate course, including both class work and field work in public health nursing.

That, while training schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level of educational attainment, the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are, on the whole, in the majority of schools inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nursing and nursing education, and that one of the chief reasons for the lack of sufficient recruits, of a high type, to meet such needs, lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field.

Never make a defence of apology before you be accused. — CHARLES I

PACIFIC CONVENTION

Sunday, June 24

Months of planning for the 31st biennal meeting of the Canadian Nurses' Association began to reach fulfillment as registration procedures started at the Queen Elizabeth Auditorium. Ahead lay several days of busy sessions but, on this first day, most convention visitors were concerned with greeting old friends and enjoying the beauty to be found in and around Vancouver.

Several hundred nurses of the Protestant faith joined in evening service at St. Andrews-Wesley United Church while Roman Catholics gathered for benediction at Holy Rosary Cathedral.

Monday, June 25

Registration continued; arrangements were made for sight-seeing tours, luncheon meetings; exhibitors booths were set up as delegates awaited the official opening session.

With MISS HELEN CARPENTER, president, in the chair, the invocation was pronounced by Reverend A. L. ANDERSON, president of the United Church Conference, following the National Anthem. Mr. ERIC MARTIN, provincial minister of health, who represented the Premier, spoke briefly before declaring the meeting officially open. Greetings from the City of Vancouver were voiced by His Worship, Mayor A. T. ALSBURY. Miss ADA GEORGE, president of the RNABC, brought greetings from the nurses of British Columbia.

HELEN NUSSBAUM, PEARL STIVER, and HELEN CARPENTER

PEARL STIVER and HELEN CARPENTER

A number of international visitors added to the interest of the opening session. Miss HELEN NUSSBAUM, general secretary of the International Council of Nurses, extended good wishes from ICN headquarters and read a personal message from Miss Clamageran, president. Representatives from South Africa and the United States brought the good wishes of the American Nurses' Association and the Council of the South African Association.

To the spoken words of greeting and welcome were added others by

telegram including a message from the Prime Minister, Honorable John Diefenbaker and from Miss Daisy Bridges, past general secretary of the ICN.

Roll Call

The roll call of the provincial associations was taken by Miss M. PEARL STIVER who also indicated the number of votes carried by each association according to its total active registration.

Alberta	19
British Columbia	27
Manitoba	15
New Brunswick	11
Newfoundland	7
Nova Scotia	12
Ontario	63
Prince Edward Island	5
Quebec	48
Saskatchewan	16
TOTAL	223

Keynote Address

Dr. Harry Hickman, principal of Victoria College, U.B.C., set the tone for subsequent sessions as he discussed the changes that have or are occurring in society and general education. He spoke of adjustsments that had been made in basic educational programs and suggested possible applications to nursing, in particular nursing education. His address will be published next month.

If one were asked to specify the underlying theme of the convention, the answer would readily be "change and its effects" — change in standards of living, change in public expectation, change in the various fields of science and general knowledge, change in people. This theme was to be echoed many times in the addresses, symposiums and panels of the convention program.

Presidential Address

When she took office in 1960, Miss Carpenter chose as her watchword *Semper aliquid certi proponendum est* — Always some certain end must be kept in view. In her report of the past biennium, she reviewed the various ways in which association affairs had been conducted towards this end.

With Miss HELEN MUSSALLEM as director of activities involved in their implementation, three of the recommendations of the Report of the Pilot Project have been or are in the process of being carried out. The Canadian Nurses' Foundation has come into being following approval of a request to the W.K. Kellogg Foundation for $150,000. Its purpose is support of graduate nurse education at the master's and doctoral levels. You will find an application blank for membership on page 666 of the August issue. The annual fee is $2.00, although larger amounts may be contributed.

Report of CNA Executive Director

Miss M. Pearl Stiver gave a comprehensive picture of the Association — what it is; where it is at present; where it is headed. A note of sadness was introduced with the announcement of her retirement to become effective in April 1963. A standing ovation followed the reception of her very fine report.

Other Reports

In the absence of Miss MacLennan, chairman of the Committee on Finance, Miss HAZEL KEELER read the report submitted. As a result of the increase in the affiliation fee and of careful investments on a short term basis, the Association closed the year with a reasonable surplus. It was recommended that these funds should be transferred to the CNA House Fund. The total amount in this special account will be approximately $30,497.09. For the 1962-64 biennium, the Committee has budgetted for an allocation of $50,000 to the Fund.

The Committee on Finance expressed concern that the Canadian Nurses' Association Retirement Plan has not aroused more interest and been subscribed to more widely. The Plan is presently yeilding over five and a half per cent interest on money invested in the insured annuity fund while the unit value in the common stock fund has advanced by $2.56 since the CNARP was initiated four years ago. The Plan is a success and would be a much greater one if more members availed themselves of it.

The report of *The Canadian Nurse* was given by Miss MARGARET KERR, executive director, who discussed Journal progress briefly.

Evening Session

An address by Miss Helen Nussbaum was much enjoyed by the large audience assembled in the Auditorium for the evening session. Her address has been published in this issue of the *Journal*.

The final event of this very busy day was the formal presentation of the W. B. Saunders Nursing Fellowship which was accepted by Miss VERNA HUFFMAN, chairman of the selections committee, on behalf of Miss MARGARET STEED, assistant director of nursing, Kitchener-Waterloo Hospital, Kitchener, Ont. Mr. LORNE SAUNDERS, president of W. B. Saunders Company, spoke briefly before the presentation. Miss Huffman, in her acceptance remarks, reviewed the criteria used in selecting the successful applicant for the award.

Tuesday, June 26

Special Studies Report

Morning activities began with reports from the directors of the special studies. Miss Helen Mussallem was in charge of this portion of the program. She noted that an examination of the entire field of nursing education is soon to be undertaken and that her role will be to provide technical assistance.

Miss F. LILLIAN CAMPION, whose responsibility is the development of the project for evaluation of nursing services, commented on the work accomplished during the past biennium. In February 1962 the sub-committee to the national Committee on Nursing Service was named as a permanent advisory body to the project.

Criteria for use in evaluation have been drawn up and submitted to the advisory group for study and criticism. It is proposed that these criteria should eventually reach representative groups of nurses across the country for study, comment and further suggestions. The ultimate aim is the production of a self-evaluation guide that can be used by any agency wishing to evaluate its nursing services.

Miss GLENNA ROWSELL has been responsible for the School Improvement Program. Of the 171 schools contacted through questionnaires, 169 participated in the program. A working party had drafted a self-evaluation guide in May 1961, based on broad principles and basic criteria. Subsequent provincial and regional conferences were used to interpret the guide to the hospitals and to explain to the community at large what the schools of nursing were attempting to do. Representatives from general education, administration, industry, business and so forth were invited to be present at a session of each conference to achieve the latter purpose.

A study of the reports submitted by the schools is presently being completed. Recommendations are to be forwarded to the CNA executive committee concerning possible future steps. Schools of nursing will be informed of the executive's decision regarding the future of the School Improvement Program.

At a later session the general membership was given an opportunity to question the directors of the special studies or to present comments.

Will schools of nursing that participated in the School Improvement Program receive any comments concerning their reports? Miss Rowsell noted that individual acknowledgement had not been planned but that, in view of comments from the floor, it appeared that such a possibility should be considered by the incoming executive committee. Miss Mussallem explained that it had been hoped that in preparing their reports for the Program, schools of nursing would become interested in examining the strengths and weaknesses of their programs.

What were the special needs of schools of nursing in general? The Task Committee had attempted to define these needs. A report will be presented to the executive committee and it is hoped that a statement will be forwarded to the schools of nursing. This latter procedure must be the result of executive decision.

Has improvement taken place in the schools of nursing since the completion of the Pilot Project and the institution of the School Improvement Program? Subtle improvements may have been made in some less significant areas but major weaknesses were still present. Schools appeared to be aware of the

need for change, were trying hard to achieve it but, in some cases, were finding extreme difficulty in overcoming obstacles.

The areas of weakness, as seen by one member, were poor communications; the failure of faculties to think and work *together* — a fault of the best and the poorest institutions; the organization of the school of nursing as a department of the hospital rather than as an educational institution.

Have administrators and boards of trustees been taken into our confidence? Have we suggested to them exactly what is needed to have a good school of nursing? If improvements have not been made, possibly the school of nursing is at fault through failing to "sell" its program to management. Interpretation to boards of directors, governments, agencies and private institutions will be important in the coming years. There is too much smugness generally concerning nursing and nursing education. If we feel that change is needed, we must make this conviction known.

Is the medical profession really showing interest in improved nursing education? Generally speaking, yes, although it would appear that there is need for more interpretation to doctors in general practice.

Professor BERNARD R. BLISHEN, Department of Anthropology and Sociology, UBC and presently research director, Royal Commission on Health Services, gave an excellent address on "The Changing Society". This address will appear in the Journal as soon as it becomes available for publication.

ELEANOR GRAHAM and friend

Symposium

With Miss MARY RICHMOND, School for Graduate Nurses, McGill University as chairman, a group of experts discussed, "What Does Society Expect of Nursing?" Participants were: LLOYD DETWILLER, newly appointed administrator of the new UBC Hospital; Dr. T. F. ROSE, a physician in Victoria; Mrs. DORIS MELLISH, nurse and homemaker; Miss EDNA ROSSITER, director of nursing, Shaughnessy Hospital, Vancouver.

Mrs. Mellish, in presenting the viewpoint of the patient and his family, suggested two expectations comparatively unchanged by time and place :

1. That the nurse will possess the technical skill to do whatever society and the medical profession demand of her at a particular time and in a particular place.

2. That the nurse will give the care that the patient needs whether or not his interpretation of requirements is right or wrong. The patient expects the nurse to know what care he should receive and to help him to understand.

The patient looks for understanding from the nurse; depends upon her to stand between him and pressures from various sources. The tremendous variety in hospital personnel confuses the patient. He does not know what to expect of auxiliary workers as he does with the nurse. The nurse's personal qualities have great significance. The patient wants someone to lean upon. Even if the nurse delegates duties to others, it is expected that she will assume the responsibility of seeing that they are carried out properly.

Dr. Rose expressed the physician's conception of the nurse's role :

1. Intelligent execution of orders.
2. Deft care of the patient.
3. Continuous accurate assessment of the patient's state.

He, too, emphasized the importance of the nurse's personal qualities, her ability to give compassionate understanding. To cope with medical advances, she needs a high degree of specific skill and considerable academic knowledge.

Mr. Detwiller based his remarks on a survey that he had done among hospitalized people in which they were encouraged to express their opinion of

hospital services. He considered that the public expects:

1. Assurance of the availability of nursing service.

2. Nursing competency as the result of good training.

3. The nurse's presence at the bedside.

He felt that nursing should clarify its position in the medical field and delegate some responsibility to auxiliary personnel. He considered the nurse the stabilizing force in patient care. He was of the opinion that patients, in general, had a clear idea of what to expect from various professional groups and definite conclusions as to what type of responsibility should be assigned to auxiliary personnel.

Miss Rossiter considered the situation from the viewpoint of a director of nursing and pointed out the many factors affecting the role of the nurse now and in the future :

Progress in science and medicine has placed a heavy burden on nursing. While better techniques, newer medications and reactivation methods send the patient home earlier, this in turn places a heavier demand on public health services. There is a scarcity of trained personnel of various types prepared to assist with home care.

Traditional relationships between nurses and patients have been severely disrupted as a result of changes in hours of work, extensive use of auxiliary personnel. Ways must be found to provide personal satisfaction for the nurse in her work.

Hospitals have become large business institutions — a change in the traditional image.

Changes in curricula to provide more instruction in administration are needed since the nurse must now direct so many types of auxiliary personnel.

She felt that the viewpoint expressed by an author in the *Journal* recently was quite valid — that the nurse-patient relationship is rapidly becoming a *non-relationship*.

Mr. Detwiller provided some comfort with his closing remarks in which he pointed out that the confusion found in nursing, the difficulty experienced in defining responsibilities is found throughout the health field. Greater changes are still to come and all concerned will have to arrive at an understanding of where they fit into the total picture.

Futurama

The afternoon session was spent in an imaginative consideration of nursing in the future. Mrs. LULU WOLF HASSENPLUG, dean of the School of Nursing, University of California Medical Centre chose 1985 for her prognostications. Her address is published in this issue.

A panel presentation, chaired by Miss Hazel Keeler, director of the School of Nursing, University of Saskatchewan, Saskatoon gave a picture of Canadian nursing and nursing education in 1982. Participants were BETTY SELLERS, MYRTLE CRAWFORD, University of Saskatchewan, and MARGUERITE SCHUMACHER, Adivsor to Schools of Nursing, Alberta.

Automation had become a major factor in the life of the nurse of 1982.

An administrative technician had relieved the head nurse of duties separating her from the patients.

"Hopels" provided accommodation for outpatients living a distance from the hospital.

A pharmacist consultant, considered to be a specialist in drug therapy, visited each ward daily to discuss this aspect of treatment with the doctor, nurse and patient, if necessary.

A dietary consultant offered counsel in this field.

Rooming-in facilities had become a feature of hospital organization so that members of a family could provide private nursing care for the very ill.

Nursing education was based on two types of nursing programs. A two-year course graduated nurses prepared for first level nursing — bedside nursing. These graduates could advance in nursing education if they wished. This two-year program tended to eliminate the practical nurse or nursing aide. A second program of education featured the university graduate with a baccalaureate degree as her basic preparation and a master's or doctoral degree as her ultimate goal. (It should be noted in passing that the names to be given to the graduates of the individual programs

have not been definitely agreed upon. "Technical" or "clinical" nurse for the graduate of the two-year program, with "professional" nurse reserved for the university graduate was not completely acceptable terminology even among those advocating preparation of two levels of nurses.)

Variety Show

After an extremely full day, nurses and their friends relaxed in the evening as they listened to a musical concert directed by JOHN EMERSON and featuring Miss BETTY PHILLIPS. The first portion of the program was devoted to selections from the always enjoyable musical, *My Fair Lady*. Selections from a wide variety of musical comedies concluded the evening with Betty Phillips presenting The Nurse's Lament to an amused and appreciative audience. The warmth of the ovation given to the performers expressed our sincere appreciation of a happy occasion.

Wednesday, June 27

Panel Discussion

Mr. GORDON HAWKINS, who recently directed HRH The Duke of Edinburgh's Second Commonwealth Study Conference, was chairman for the panel members who discussed common goals in health services. Participants were: Dr. MORLEY YOUNG, medical superintendent, Archer Memorial Hospital, Lamont, Alta.; Dr. KENNETH CHARRON, Department of National Health and Welfare; Mrs. ISOBEL MACLEOD, director of nursing, Montreal General Hospital; Dr. DOUGLAS PIERCEY, executive director and editor of *Canadian Hospital;* Miss TRENNA HUNTER, Metropolitan Health Committee, Vancouver.

The following represents some of the opinions expressed:

The main goal for all connected with health services is probably the best possible health care for every Canadian. It would appear that this is attainable only to a degree; that we will always be reaching for something better. It will require intelligent planning on a long-term basis with a program of continuing evaluation.

Better communications are particularly essential, not only between services but with the community at large and government. The medical and nursing professions are not especially vocal although each has a worthwhile story to tell. They need to understand each other more completely; to explore common goals as well as areas of difference.

How do professional groups go about getting together in the achievement of common goals? It was suggested that in respect to nursing and medicine this might be accomplished effectively through expansion of the present Joint Committee on Nursing.

Are health services always going to be given in hospital beds? Are hospital beds always to be used for active treatment? What about home care plans? A sub-goal of hospitals should be their own eventual elimination. Preventive measures pay much bigger dividends into the community than curing the ill.

Home care would appear to be an important consideration for the future. This would mean much more than provision of home nursing services. On the other hand, it was noted that although much has been written and said about home care, the idea has not been implemented to any great degree in Canada.

Present institutional services are very expensive. It is probable that other facilities should be provided, such as day and night centres, nursing homes and so forth.

How would the medical profession react to the need for home visits under home care plans? The opinion was expressed that there would be considerable difficulty in educating the public to home care. Accessory aids to diagnosis, such as ECG and x-ray, would not be readily available and the present generation of doctors has been or is being trained to depend upon them extensively. The economics of time, effort and money must be considered, for example the time involved in a doctor trying to reach a patient at peak traffic hours.

In spite of seeming obstacles to home care, there appeared to be circumstances under which it had considerable value, for example in convalescent care and in the care of children.

What are the areas in which workers from different professions could have joint training? Can this be done below

the postgraduate level? Individual professions have had too great a tendency to go their own ways. The teamwork principle should be learned during the educational process. It would seem that joint training, where feasible, would help to accomplish this.

Where is the coordinating force to come from? There is individual and group responsibility extending up to international levels. The public must be made a part of the plan for coordination. It would seem that there are a variety of techniques that could be used in encouraging cooperation.

Is there an over-all planning body capable of determining what is best in health care for Canadians and of helping the public to understand what the best is? It was suggested that the Royal Commission on Health Services had been established for this very purpose.

Films

Two very interesting and informative films were screened. The first, produced by the American Academy of Pediatrics under the sponsorship of Johnson and Johnson Limited was titled *Nursery Sepsis*. It portrayed the hazard of infection due to antibiotic-resistant staphylococci. It is a full color film using live sequences, animations, laboratory scenes and graphs. Those interested in viewing the film, can reserve it by writing to: Johnson and Johnson Limited, 2155 Pie IX Blvd., Montreal.

The second film was presented by Mead Johnson Laboratories. It describes the condition of phenylketonuria — the metabolic disorder that results in mental deficiency — and its management. This film can be procured through Mead Johnson Laboratories, 111 St. Clair Ave. W., Toronto.

Time Off

A free afternoon had been planned to refresh delegates who had begun to weary slightly from the information- and activity-packed schedule. The various tours were booked to capacity, with some enjoying a trip to Harrison Hot Springs and dinner at the hotel; others sharing the beauty of the drive along the shores of Howe Sound to Squamish and the pleasure of a smorgasbord dinner at the Gleneagles Golf Course; and a third group cruising through Burrard Inlet, under the new Second Narrows Bridge, returning to dinner at the Canyon Gardens.

Thursday, June 28

Committee Reports

The chairmen of the various CNA committees gave their reports of biennial activities in an informal presentation, discussing points of particular significance.

Miss KATHERINE MACLAGGAN, chairman of the Committee on Nursing Affairs which replaced the former Committee on Research, commented that the Canadian Nurses' Foundation really resulted from the "arm chair" conference of this group. Nursing educators, in the opinion of the Committee, were much needed. In order to produce them, financial support for education was required. The report of the Committee on Nursing Affairs will be published in October.

The chairmen of the committees on nursing service and nursing education, Miss Mary Richmond and Miss Hazel Keeler respectively, commented on the lack of continuity in the membership of their groups. On the positive side, it acquainted more people with the work of the committees but there was a negative effect in that the constant changeover in membership affected group effectiveness.

The Committee on Nursing Service prepared a brochure entitled "Continuing Care" in answer to requests for help in visualizing the nurse's responsibilities in total patient care. This is available from National Office in both languages. The same committee was requested to establish criteria to be used in estimating nursing care needs of patients in general hospitals. A statement of such criteria has not evolved since the Committee felt that completion of the study on the evaluation of nursing service was prerequisite to it. The WHO statement on nurse staffing is recommended as the most helpful guide presently available.

The most urgent task confronting the Committee on Nursing Service, as seen by the members in this past biennium, is "the continuing interpretation to our own membership, as well as to governments and to the general public, of those beliefs which have been publicly enun-

MRS. REX EATON and
EILEEN FLANAGAN

ciated through CNA's submission to the Royal Commission on Health Services, and to participate actively in their implementation in so far as we as nurses are able."

The Committee on Nursing Education completed a draft copy of a manual, "Characteristics of a Good School of Nursing," as applied to Canadian hospitals. It has been suggested that the 1962-64 committee should undertake completion of the manual. A working party from this Committee accepted the responsibility for establishing criteria used in the self-evaluation guides for the School Improvement Program. It also made suggestions concerning the use of consultants for schools wishing to participate in the Program and considered the tools to be prepared for self-evaluation.

Finally, the "CNA Policies Regarding Nursing Education" were revised.

Mrs. DOROTHY SLAUGHTER presented the report of the Committee on Public Relations in the absence of the chairman. One of the tasks of this Committee had been the revision of the CNA Platform. Mrs. Slaughter presented it, in its revised form, for the approval of the membership. She commented, too, on the importance of keeping career counsellors in general education up-to-date in regard to nursing. This might be accomplished through the provincial association arranging to meet with committees of counsellors. It was further suggested that the provinces should send copies of their career counselling materials to the secretary of the CNA Committee on Public Relations to provide a pool of information upon which all the provinces could draw.

National Preparedness

Under the chairmanship of Dr. A. C. HARDMAN, chief of the Emergency Health Services, Department of National Health and Welfare, nurses were brought up-to-date as to where responsibility for disaster planning lies and the steps that have been taken to ensure national survival under extreme emergency. In his opening remarks Dr. Hardman commented that:

Basic responsibility for planning is vested in the provincial Departments of Health. The Department of National Health and Welfare offers advisory services only.

Family unit disorganization is a problem in disaster. To combat this, each family must have its own survival plan. For example, its members should know where to meet if separated as might happen with children in school.

There must be preparation against disruption of community services. Communities must be self sufficient.

Creation of a special group to provide against emergency situations is not possible. Hospitals, health agencies and people in the area have to assume responsibility for this. Hospital disaster institutes have been held with the end in view that they will be able to handle disasters of any size.

The public is being prepared through dissemination of information by pamphlets or in the form of family educational programs. In the past year, more than 100,000 people have received St. John Ambulance and civil defence training; over 80,000 individuals have taken instruction in home nursing.

Various professional programs are offering training for emergencies. For example, the Civil Defence College, Arnprior; programs in schools of nursing; programs for sanitary inspectors.

A lecture demonstration on "The Role of the Canadian Army in National Survival" by Major-General A. E. WRINCH, Department of National Defence gave a vivid picture against nuclear attack and of the assistance to be given by our troops if attack became a reality. Major-General Wrinch's ad-

MAJOR-GENERAL WRINCH

dress will appear in a later issue of the Journal.

To conclude the afternoon's presentation, Dr. Hardman chaired a symposium on "Guidelines to Emergency Health Planning" with Miss EVELYN PEPPER, nursing consultant, Emergency Health Services and Mr. W. R. WATERS, Scientific Officer, Emergency Health Services.

Mr. Waters was concerned chiefly with correcting misconceptions about radiation hazards following nuclear explosion.

Nuclear debris consists largely of non-radioactive material. However, adhering to the larger, harmless particles are small radioactive particles. The latter have Gamma and Beta radiation associated with them.

Beta radiation does not penetrate tissue to any great degree. It can be stopped by a few feet of air or a couple of layers of clothing.

Gamma radiation has a high penetrating power. Energy is absorbed by the tissues with resultant serious damage.

Beta radiation is likely to be much greater than the Gamma variety. As far as contamination of the individual is concerned, this means that there will be injury to the skin which, while frightening, is not fatal.

Contamination of the individual presents a much lesser problem than contamination of a large geographical area. Clothes can be changed; skin can be washed. Ingestion of contaminated food is a hazard but again quantities are small. "Killing" radiation arises from large quantities of contaminated material.

While acknowledging the dangers that do exist as the result of over-exposure to radiation, Mr. Waters appeared to feel that lack of knowledge had made many people overly apprehensive.

In her remarks, Miss Pepper commented on encouraging developments in nursing:

Indications are that in most schools of nursing, but especially where consultative services have been used, emergency measures have been made part of the ordinary curriculum.

Planning for disaster has become a prerequisite to hospital accreditation.

Some 700 nurse educators have completed emergency measures training at Civil Defence College, Arnprior.

Over 60,000 voluntary hours of work have been given by registered nurses in 1961 for the purpose of teaching home nursing.

Arrangements have been made to give carefully selected home nursing trainees 44 hours of hospital experience.

BERNADETTE STRIEGEL and EVELYN PEPPER

A multi-discipline course is to be instituted at the Arnprior College this fall for the special benefit of those concerned with public health programs. Self-help programs are to be initiated shortly based on the principle that the key to survival is vested in the family. A policy statement on the functions of the nurse in the future under emergency situations is needed.

A group of the French nurses

Friday, June 29

The Royal Commission

The liveliest discussion of the week's program had as its subject the Royal Commission on Health Services and the briefs on nursing submitted to it. Chairman for the panel was Miss Katherine MacLaggan, University of New Brunswick. Participants were: GLADYS SHARPE, Ontario Hospital Services Commission; Helen Mussallem, Director of Special Studies, CNA; EVELYN MALLORY, University of British Columbia; LILLIAN PETTIGREW, MARN. The suggestions presented in the briefs were reviewed with participants commenting freely on these and related topics:

A recommendation was made to the effect that a replacement should be found for the service-centered institution, that is, the hospital school of nursing. The student will always need clinical practice, however, so that the hospital will continue to have a significant part in nursing programs.

The various briefs expressed concern over the duties that are presently assigned to auxiliary personnel.

Two groups in nursing, distinguished only by education and function were recommended in the briefs — one group at university level, one *ante* university level. A question was raised concerning the possibility that the second level might be so large in numbers that there would be an insufficient number at the university level to provide direction. It was suggested that the ratio of first level to second level should be 1:3 or 1:4.

If programs are to be focused on what students need to know, then graduates will enter nursing at a level where they need careful orientation. Inservice educational programs are much needed now and will continue to be so to an even greater extent. Will it not be rather expensive for hospitals to maintain elaborate programs of inservice education? It would be less expensive than contending with a constant turnover in staff; education is a continuing process and inservice programs are simply a matter of good management.

With two levels in nursing, what about titles for graduates of the respective programs? The briefs had used the title "professional" nurse to indicate the nurse who had obtained her degree. There was no intention to downgrade the "clinical" nurse through this terminology. One participant, at least, expressed her disapproval of the term "technical" nurse which has been used to describe the graduate of a second level program.

With two distinct groups, what about legislation? Few briefs attempted to deal with this problem. However, it seems possible that it would have to be reviewed if two groups came into being.

Would both groups of nurses belong to the same organizations? Yes.

Could "clinical" nurses go on towards higher education? Yes, but general arts and science courses should be a prerequisite for them. (An earlier presentation had suggested that this was not necessary.)

Would one-year practical nurse programs and two-year clinical nurse programs continue simultaneously? No. Con-

Salvation Army nurses

solidation of nursing would tend to eliminate the practical nurse programs.

Would the graduates of second level programs be prepared for beginning positions in public health or would this field require university-trained graduates? If the individual is prepared to nurse then this should apply to any health setting. The future basic nurse will have a greater understanding of the patient as a member of the community. Her approach to nursing will be different.

What does the university have to offer for the working nurse who would like to continue preparation towards her degree? Generally speaking, universities have little to offer in this respect. Lack of staff for additional programs was offered as one major obstacle. There was emphatic agreement by two participants that study towards a degree as a part-time student is not desirable. In their opinion, this is a full-time job.

Continuing educational programs for nurses were emphasized by the vast majority of the briefs. Universities were asked to support this recommendation on an enlarged scale through extension programs, night courses, graduate and doctoral programs.

A request has been made that nurses should have more voice in policy-making. It must be acknowledged that too few Canadian nurses are prepared at present to take part in this.

There is considerable need for research in nursing, not necessarily on a very advanced level but, for example, into such matters as nursing care, administration, the structure of nursing as it relates to the community and the hospital. Any group of nurses could study their own jobs and decide how they could work more effectively. All of this would help us to be better practitioners of nursing.

How can recommendations be translated into action? So often too little is done after briefs have been submitted. There should be a group to implement the recommendations.

A brief business session concluded the morning's work. An interim report prepared by the executive of the Student Nurses' Association was read by

Many schools were represented at the student nurses' breakfast party at The Vancouver General Hospital

Miss Helen Carpenter. Over 150 students gathered in Vancouver as invited guests of the Canadian Nurses' Association. Their sessions were held at St. Paul's Hospital and, according to their report, their program was both busy and interesting. Considerable interest continues to be exhibited in the eventual development of a national association but, for the present, assistance to provinces without provincial associations of students is to be the chief concern. As one of the social events, a breakfast in uniform, as guests of the Vancouver General Hospital, was much enjoyed. The student report was exceptionally well-prepared and its hard-working authors received a hearty ovation.

The report of the scrutineers presented by Mrs. DORIS SMALL, Victorian Order of Nurses, Montreal, was of much interest to everyone:
President — E. A. Electa MacLennan, by acclamation
First Vice-President — Mrs. Isobel MacLeod, Quebec
Second Vice-President — Katherine MacLaggan, New Brunswick
Third Vice-President — Edna Rossiter, British Columbia

Representatives of the Nursing Sisterhoods:
Sister Florence Keegan, Quebec
Sister Cecile Leclerc, Alberta
Sister Margaret Mooney, Ontario
Sister Hugh Teresina, Nova Scotia

Closing Session

A telegram of greeting and good wishes was sent to Miss MacLennan who was unable to be present because of illness. A gift of flowers was delivered to her in Halifax at the moment of formal installation of the officers for the 1962-64 biennium.

One of the more dramatic moments of the convention occurred when honorary membership in the Canadian Nurses' Association was conferred upon three distinguished friends of the nursing profession — MRS. REX EATON, DR. GEORGE S. CAMERON, CHIEF JUSTICE W. B. SCOTT — and upon five well-known Canadian nurses who, throughout the course of their careers, have contributed much to their profession. More detail concerning this portion of the program appears in another section of the *Journal*.

New honorary members from left to right: MISS M.C. LIVINGSTON, SR. VALÉRIE DE LA SAGESSE, CHIEF JUSTICE SCOTT, MISS A.L. WRIGHT, MISS F.H. WALKER, MRS. REX EATON.

In a pleasant surprise ceremony, Miss Gladys Sharpe and Miss Helen McArthur presented Miss M. Pearl Stiver, retiring executive director CNA, with a bouquet of red roses.

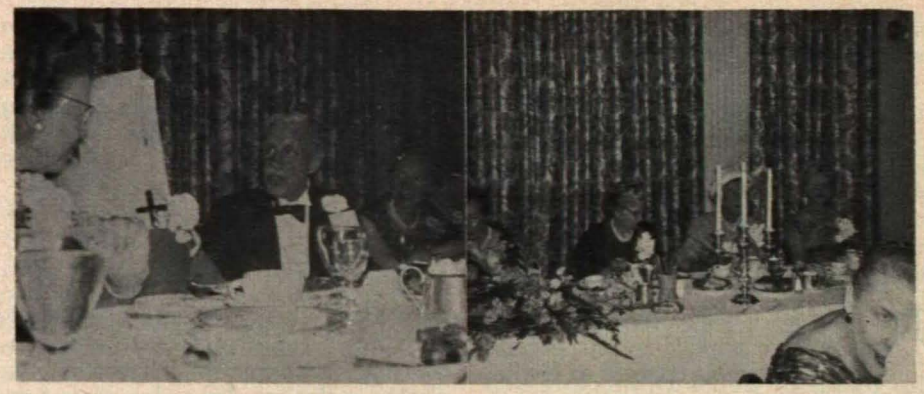
The installation of new officers followed with Mrs. Isobel MacLeod accepting the gavel of office on Miss MacLennan's behalf. In her acceptance address, read by Mrs. MacLeod, the new president chose as her watchword, *Courage*. The address appears in this issue.

Whether by intent or coincidence, Dr. DONALD H. WILLIAMS, professor and head of the Department of Continuing Medical Education, UBC, chose courage as the topic for the closing address of the convention. Dr. Williams' address is to be made available for publication in an early issue.

Miss JEAN LEWIS, president of the Association of Registered Nurses of Newfoundland, gave a charming invitation to hold the 1964 convention in St. John's. The enthusiastic handclapping that followed gave proof of the general enthusiasm felt in accepting the hospitality of this youngest member of the national association.

Exhibitors

This report would be incomplete without mention of the various firms with which nurses are so familiar as suppliers of pharmaceuticals, medical and surgical requirements, textbooks,



At the dinner for the new honorary members

formula preparations and so forth, and who had arranged for their representatives to be present. In addition there were a number of booths displaying professional material: The Department of National Health and Welfare, Medical Services and Information Services divisions; Canadian Nurses' Association; *The Canadian Nurse;* Canadian Forces Medical Services. Thirty-one commercial exhibitors filled the space adjacent to main exits from the Auditorium. At coffee breaks the exhibitors' area was jammed as delegates sipped a beverage and visited from one booth to another questioning, looking at illustrative material and collecting samples as bulging folders gave proof.

To one of the exhibitors, Crown Zellerbach Canada Limited, appreciation and thanks are extended for the sturdy folders used to assemble convention information and which survived the rigors of a busy week so well.

Luncheon Meetings

In addition to the regular sessions, special interest groups gathered at luncheons and heard addresses from speakers presenting topics of special significance to them. Several of the presentations from these sessions are to be made available for publication purposes.

The Pacific Convention, 1962 had ended!

We are indebted to Miss M. Christine Livingston, Ottawa, for the photographs of the convention personalities included above. The photograph of the students' breakfast was secured by Miss Helen M. King of The Vancouver General Hospital.

Coming!

IN

OCTOBER 1962

Hickman — Educating for the Future

MacLaggan — A Long Look Ahead

Moralejo — Fluid Balance

McArthur — Nursing Congress for the Americas

McGuire — Communications

Plus additional material

CHANGE AND CHALLENGE

HELEN NUSSBAUM

Developments in the International Council of Nurses.

THE words "change and challenge" may well be applied to our present time, when the whole concept of civilization and progress is undergoing a complete evolution. Technical discoveries are prompting man to explore outer space; distances between the continents are becoming insignificant, bringing countries and peoples closer, mingling races, traditions and customs, and exchanging education and knowledge. Even architecture, science, the arts, music — everything seems to be breaking away from the tradition and pattern followed throughout centuries.

Change is both a continuing and an inevitable process of growth; nothing remains static, neither in nature nor in the works of mankind. It may be slow and imperceptible at times or quicker and more demanding. But, be it in the world, within a country, or within a single individual, every change brings in itself a challenge, and the scientific genius must be linked with humane and courageous thought.

Today this ever-increasing growth, these rapid changes taking place in almost every country, as well as the increasing needs emerging from this inevitable evolution, demand a more profound study and serious evaluation of the resources and possibilities existing in each country, in each community, and within each organization aiming to bring a valuable contribution to the advancement and growth of the world. Factual knowledge is not enough without the right qualities of mind.

(Nelly's)

HELEN NUSSBAUM

There have seldom been so many international and national organizations, associations and federations established in the course of history as there are now since World War II. Many are of significant and potential importance in the changing aspects and structure of different countries. Others have specific aims to achieve, planned activities which have grown out of the imagination of men and from the needs of humanity, which reason and resources have put into appropriate shape and form for action.

Among these latter ones, the International Council of Nurses, with its past history and its present growth, has certainly an important place. Created in the fading lights of the last century and established in the early days of the 1900's, the International Council of Nurses can look back on an unbroken history of 62 years. If, during its early period of activity the changes were slow, they were nevertheless accompanied by the constant challenge and the awareness of strengthening those aims which had been the reason for its foundation.

The Past

At the beginning of the 20th century, the nursing profession was faced with the fundamental difficulties arising from the necessity of defining its real status and shaping its activities in

order to secure the necessary growth and development which, with the passing of time, have acquired increasing proportions, trying to keep pace with the rapid evolution of medicine and surgery.

On July 1st, 1899, in placing before the Annual Conference of the Matrons' Council in London her proposal to form an International Council of Nurses, Mrs. Bedford-Fenwick pointed out that the nursing profession required an organization and the nurses needed to be united. In order to make "their work of the utmost possible usefulness to the sick" two things were essential :

One — the recognized system of nursing education.

Two — a system of control over the nursing profession.

Only through unity could the strength be obtained to achieve these objectives. This proposal, born out of the vision and courage of one person, met with the approval of a small group of individual nurses who had been inspired by the will and determination of a pioneering foresight and were prepared to accept the challenge with which they would be faced. The cornerstone of the International Council of Nurses was thus laid down upon which an international structure of a world federation of nurses' associations would be built.

I would here recall to your mind that the first two Watchwords given by the presidents of the newly founded International Council of Nurses in 1901 and 1904 were "Work" and "Courage"—both very significant and closely related to change and challenge.

If nursing legislation and nursing education were the two basic and fundamental achievements which would enable the profession to secure a recognized status and standard, the guiding force supporting these aims was unity of thought and purpose in order to face and overcome the challenges of such an unprecedented change. In the early part of the century the progress might appear slow compared with the present years, the potential efforts were concentrated on the preparation of the ground for future growth by forming national associations, by uniting the nurses in the more advanced and prepared countries, and by awakening in each of them the sense of personal and professional responsibility.

These activities were severely influenced by two world wars and a period of restless and uneasy peace which isolated and weakened the progress in many countries, building barriers which, however, never destroyed nor effaced the increasing desire for unity.

Following the war in 1914-18, new changes had to be envisaged, among them a revision of the nursing education program by adding increased emphasis on public health and nursing services. The varying standards in schools of nursing, and the growing influence of non-professional groups in the control of such schools, made it evident that the ICN had to become very active in such matters if it was to maintain its leading position as spokesman for professional nurses and adviser to the nurses in those countries which were struggling to establish their activities on a sound and realistic basis. Teaching curricula were revised and newly outlined; studies on post-basic education were undertaken; nurses in various countries were helped to establish their professional associations or to re-establish national and international relationships which had been severed by conflicting forces and circumstances.

These activities had just begun to render encouraging results when World War II broke out, disrupting again many of ICN's projects. Once more, after these years of destruction and conflicting events of separation and tragedy, the interrupted threads of activities were taken up.

It was a time of change and of daring challenge. Post-war problems had to be solved and a new perspective developed in order to assist many countries. The need for tolerance and guidance was very evident and the national outlook and varying emotions had to be considered and understood. But the need for unity had been made very evident. Never was the desire to come together and to unite more enthusiastically and more profoundly expressed than at the first post-war Congress in Atlantic City in 1947, where 7,000 nurses from 40 countries attended this international reunion.

The tragic past, the anxious and perilous years, were for the time put aside. The spirit of strength and unity gave renewed courage and hope to each participant to rebuild what had been temporarily destroyed.

The Present

These 62 years of ICN history have shown and proved without any doubt the strength and the truth of the ideals expressed in 1899 by its founder. We have been handed the task of continuing this work, of facing the present responsibilities with the same unswerving spirit of unity that gave strength and guidance to those whom we now succeed, and to plan the future with wisdom, foresight and integrity.

The past 14 years have brought rapid changes and progress in the social, economic and cultural structure of all countries, with the revolutionary discoveries of technology, science, the arts and medicine. These developments reflect strongly on the nursing profession. We are now facing new situations, new trends, which need to be carefully studied and considered before decisions are taken for the future.

The activities at ICN Headquarters have expanded since the last Grand Council Meeting in 1961 through the addition of the *Economic Welfare Division*, which was established last August. The Director of this Division has already been called upon to give advice to several member Associations seeking assistance in matters concerning negotiating policies related to conditions of appointment, evaluating salary scales and other important questions regarding the social and economic status of nurses. These activities will no doubt increase as nurses in the various countries become more conscious of the necessity to establish a better security for the status of nurses.

The Florence Nightingale Education Division at ICN Headquarters received an important assignment from the Grand Council, arising from the recommendations submitted by the ICN Education Committee, related to the Study on Generalized Training in order to offer assistance to the national education committees on future teaching programs. A special consultant has been working with the staff of the Education Division, and a group of five expert nurses from four countries have already met at ICN Headquarters to discuss the ways and means by which this Study could successfully be carried out.

The Director of the *Nursing Service Division*, besides her usual work at Headquarters, is assisting the Nursing Section of the European Regional Office of the World Health Organization in a special study concerning the training and the specific functions of auxiliary nursing personnel. This study will culminate in a seminar which will be held in Spain in September 1962. The question concerning the role assigned to the auxiliary nurses and their place within the nursing team has become very prominent and requires careful study before taking decisions which may prove inadequate.

Some of our newly admitted member associations are in countries which have recently acquired their independence; others are working towards this emancipation. The nurses are anxious to establish their professional organization on a firmer basis to strengthen their status within their governmental structure but they are constantly faced with innumerable difficulties. Deep-rooted habits, customs and beliefs change very slowly, and continuous and sustained efforts are essential.

Each country has different health problems, distinctive needs and differing social conditions. There are vast differences in people and cultures even in countries which are in geographical proximity. What is acceptable in one would not be applicable in another.

Throughout the world there is an urgent need to bridge the gap between scientific research in the field of health and the practical application of the results of this research. Advice is being sought on all these questions in order to meet the increasing needs relevant in each country. To give efficient help and valuable assistance to the nurses, more knowledge and a clearer understanding has to be acquired on the traditions, culture, existing habits, mentality, modes of living, education, available services and resources, as well as social and economic backgrounds. In the light of these differing factors, there is no uniform international ap-

proach which would serve the best interests of all peoples.

What of the future?

In surveying the present, we may well recall the words of that great historian and statesman and great achiever in other fields, Sir Winston Churchill, who once said: "The further you look back, the further you can look forward".

The International Council of Nurses can look back on a long history of development and rapid growth. Once again, it seems to face the challenge of change in order to continue this inevitable process of growth; this time not because of the consequences of war as in the past, but because of the widespread evolution which is seemingly being forced on people of the young and developing countries.

Different customs, beliefs and mentality are demanded from people who, perhaps 30 years ago still lived, secluded and unknown, in tribal communities, in villages and settlements where no modern means of transport and communication had ever been seen or experienced.

Neither the nurse nor her patients can be suddenly divorced from their long-concealed background with all the physical, mental and emotional upheaval brought by the rapidly changing ways of life.

Nurses from these countries, having trained abroad, return with a new and awakening sense of responsibility, and with the awareness that their national nursing services have to be reorganized, the standards of nursing education have to be raised, and they themselves must be brought together, united within a national association so as to attain the necessary strength to achieve these goals.

The same objectives which, in 1899, gave the reason for creating the International Council of Nurses, are once again prominent today — not in countries that have a long-established tradition and decades of experience but in those countries where a rapid evolution is taking place, where nurses are challenged with conflicting factors and circumstances beyond their immediate control. They are asking for assistance and advice from those who have already overcome these initial difficulties within their own countries.

It would seem that the future activities of the International Council of Nurses are not only to admit into membership national associations just established, or in the process of being formed, but to learn more about their difficulties and about their national resources. This spirit of unity that has proved in the past to be the guiding force of the International Council of Nurses, should in the future be more forcibly felt by all nurses in distant countries. The reality of the ICN should be brought to those who need practical and realistic advice on how to use the yet unknown but potential possibilities of an organized profession, or a recognized system of nursing education and of controlled legal protection for nurses and nursing.

Tolerance and understanding of present situations will bring forth a greater unity and strength in the future. May the International Council of Nurses, in planning its forthcoming programs, be inspired with the same profound wisdom and foresight as in the past, while envisaging the changes brought about by the rapid evolution of events and meeting the challenges with which the nurses in all countries are faced at present and will increasingly have to face in the years to come.

A new leaflet for patients being treated with anticoagulants has been issued by the American Heart Association. Entitled *Anticoagulants, Your Physician and You*, the leaflet is intented to reinforce the verbal explanation and advice given when introducing anticoagulant therapy. It explains the importance of periodic laboratory tests, warns against the possible added effects of other drugs taken without a physician's prescription, and reminds patients to mention their anticoagulant medication to other physicians or dentists from whom treatment may be sought.

Copies of the leaflet may be obtained from the American Heart Association, 44 East 23rd Street, New York 10, N.Y.

NURSING EDUCATION

for a World of Change

LULU WOLF HASSENPLUG, M.P.H.

This address was delivered at the 31st *Biennial Meeting of the Canadian Nurses' Association, in Vancouver in June.*

CHANGES in society are bound to bring about changes in the people who make up society. Since the turn of the century, change has been the dominant characteristic of our lives. Today the nature of societal change is so much more profound than any that has gone before that we are hard put to keep pace with it. Science has practically abolished distance between us and our neighbors around the world. We travel by jet-propelled planes at a speed unbelievable 20 years ago. Before long we will have world-wide television and instant communication by telephone from any spot on earth to any other spot. The flight of Aurora 7 put us another step into planetary space and demonstrated beyond question that the whole world has become a single neighborhood.

Whether we like it or not, happenings such as these are changing the world and creating for us a kind of technical, political and social revolution. Within the past few years we have become painfully aware of the fact that we need to prepare more scientists in proportion to the population. We know that the coming generation will be spending a considerable amount of time studying the sciences, mathematics and foreign languages even though its members do not intend to specialize in these fields. We know that what was good enough for us in education is not good enough for the present generation. The decision to be made in relation to general education is how much of it shall we change and how much shall we leave unchanged. This is precisely the question we are asking ourselves in nursing, as we study our system of education and plan for the future.

What about our system of nursing education? We know that the training of nurses began as one of the functions of hospitals. We know that when the first training programs were established in this country, nurses learned what they could on the wards of the hospitals through the process of trial and error. Later, as the number of trainess increased, this method became too expensive and too time-consuming. An apprentice-type plan of training-on-the-job was established. Over the years since then, through the process of evolution, happen chance and, on occasion, through experimentation, certain aspects of the nurses's training have been improved, but the system remains the same in practically all of our hospital programs.

The report of the first national survey of nursing education* conducted in Canada 30 years ago pointed up the weaknesses of this system. The Report of the Pilot Project for the Evaluation of Schools of Nursing in Canada† confirmed the fact that this system is not conducive to the development of high

*Weir, G. M. : *Survey of Nursing Education in Canada.* Toronto : University of Toronto Press. 1932.

† The Report of the Pilot Project for the Evaluation of Schools of Nursing in Canada. *Spotlight on Nursing Education.* Canadian Nurses' Association, Ottawa, Canada, 1960.

quality nursing education programs. According to the findings of this study, published in February 1960, only 16 per cent of the hospital schools of nursing in Canada met the standards desired by the members of the profession.

This is disquieting information indeed! But this time, something was done. As soon as the facts were made known to the membership of the Canadian Nurses' Association, they authorized a study of the whole field of nursing; initiated a school improvement program; embarked upon an evaluation of the quality of the nursing services in the areas in which students receive their clinical learning experiences. It is easy to predict what will happen from here on. By 1964 all of these studies will have been completed and published. It will take the better part of one year to interpret, discuss and digest the findings. Once the issues are understood and frankly faced by the membership, however, it will not take them long to convince their hospital, medical, college and university associates that some radical changes are needed in the system of nursing education. By 1965 they will be moving with surprising speed to develop the kind of educational programs they believe are needed to prepare nurses for a world of change. What kind of programs will these be?

Nursing Education — 1985

It is now 1985 ! Twenty years have passed since the Canadian Nurses' Association began its reformation of nursing education. Many changes have taken place in the preparation of nurses and in the practice of nursing. Some of these come as no surprise to anyone. The pattern of organization for hospital nursing service has undergone considerable change. Roles and relationships of the professional and the technical nurse are well defined and understood. As predicted by Dr. Solomon, speaking before the Canadian Conference of University Schools of Nursing in Montreal in June 1961, we now have "two nurse roles, and two nursing careers."§ The preparation for the professional nurse is now offered in universities. The technical nurse receives her training in the new two-year technical or junior college programs. While this pattern of nursing education is a reality now, it took time, hard work, painstaking interpretation and experimentation to bring it about. Nurse faculty members, nursing service administrators, staff nurses and students helped to make the change possible by facing up to the facts revealed in the three studies completed in the '60's and by accepting the challenge to bring about change.

The transition from hospital nursing programs to nursing programs established within institutions of higher education took very careful planning. It required a period of about 15 years. In the years between 1965 and 1970, nurses who showed real promise of developing into leaders were encouraged to seek additional education. In some instances promising young staff nurses secured the baccalaureate and master's degrees in preparation for teaching posts in undergraduate university programs. In other instances, nurses holding the baccalaureate degree secured their master's degrees and spent considerable time studying how some of the on-going junior college programs were established and administered. Then they set about the development of demonstration two-year programs in selected areas throughout the provinces and territories of the country. Fifty of the most promising and courageous young nurses were encouraged and helped to secure doctoral preparation in the sciences. These were the nurses who set up some of the best of the university programs now in existence. It is to this group that we owe our thanks for much of the success of the graduate programs and for taking nursing into universities through the front door.

Dr. Solomon pointed out in 1961 that the professional school often takes more than it gives to the university unless it sees its mission as the custody, advancement and transmission of knowledge. This is exactly the mission that these nurses with doctorates helped to perform when they established new nursing programs in universities. They proved that their teaching was

§ Solomon, D.N. : The Professional School in the University. *Canad. Nurs.*, January 1962, 58:1, p. 50.

research-oriented; they designed programs of nursing research; did the research; involved their graduate students in their research activities and eventually advanced the body of nursing knowledge. Five of this group established themselves in regional university settings throughout the provinces. There they developed the research institutes to which graduate students in nursing are flocking for research training and experience. They had to break down university prejudice against women and prejudice against women in an evolving profession. They proved that their scholarship and frontier thinking were equal to that of their university colleagues in other disciplines.

The Nursing Technician

What of the educational program that was developed for the nursing technician? The greatest resistance to this development came from nurses who had received their preparation in hospital programs that had encompassed a period of three calendar years. The fact that the hospital-trained nurse had spent more time than the technical nurse was required to spend in preparation for staff nurse positions in hospitals proved to be a real block to the acceptance of these graduates. The two-year programs established earlier had provided for a one-year internship. They had set a pattern and created a mind-set against a shorter program. It took much interpretation and two solid years of concentrated in-service education before the existing nursing service personnel could bring themselves to accept and work with the products of these new schools.

In these two-year programs the students spend all of the time allotted to their clinical nursing experience, learning how to give nursing care to adults and children. This experience is planned to illuminate the theoretical presentation they have in the college in the sciences, humanities and in nursing. None of their nursing laboratory time is spent in making empty beds, stacking linen, ordering supplies, directing traffic or dusting furniture. Each visit they make to the hospital provides an opportunity to practise the kind of nursing care they are studying and discussing in their courses in nursing. The same teachers who are responsible for their nursing classes and laboratory periods in the college, accompany them to the hospitals to provide them with the guidance and supervision they need while they are learning how to plan and give nursing care.

The fact that these students are regular college students, that they do not appear on the hospital nursing service time sheets and have no experience in "night duty" was a shock to many of the staff nurses in the hospitals where the students learned the practice of nursing. Consequently a program of orientation and interpretation for the nursing and medical staff of each hospital preceded the initiation of the clinical part of the college programs. Most of the hospitals that lent their facilities for the learning experiences of the students had previously conducted training programs. It took much interpretation and, in some cases, on-the-spot supervision to ensure the success of the new program and to protect the student from verbal attack and from being treated as an employee of the hospital's nursing service.

Because these programs are offered in colleges in the daytime only and because the student is free to live where she wishes, they have proved to be especially attractive to the married woman who is 30 to 35 years of age. With her children able to fend pretty well for themselves, she has found it possible to study nursing without disturbing her home and her family. She does her homework at night while the children are doing theirs. Because she is a mother who has nursed a family through many illnesses and crises, she has a head start on some of her younger classmates. Actually, her maturity, experience and knowledge add a plus factor to class discussions and require a different approach to teaching nursing than was formerly the case in the hospital program. When these housewives graduate they become stable nursing service personnel for the hospitals in the community in which they have learned nursing.

Most of the problems associated with the initiation and development of the program for nursing technicians disappeared after the third class had

graduated. The majority of the graduates accepted employment in the hospitals in the community in which they lived. Since these colleges have been established throughout Canada to serve the needs of the growing population who are now completing two years of college, most of the younger students who enroll in the nursing technician programs live in the area and tend to seek employment there as soon as they have completed the program. With no restriction against sex, marriage, race or creed and no age limit for entrance, there is no dearth of applicants. Recently a number of men are finding the programs to their liking. Those who find the course too demanding to complete in two years, can move at their own pace and take three years to complete it, if necessary.

In general, the curriculum includes course work in general education, that is in the natural and social sciences, in communication skills, the humanities and nursing. The general education courses, which make up about one-third of the program, are the regular courses offered by the college and are open to all students. The nursing courses make up about two-thirds of the curriculum. They are quite different from those that were offered in the hospital programs. They are fewer in number and there is a broader grouping of subject matter. In some programs, these courses are called simply Nursing I, II, III and IV to denote the semester in which they are offered. They focus upon the nursing care of adults and children. The content and clinical learning activities are so arranged that the student progresses from the normal to the abnormal and from the simpler nursing functions to the more complex.

When the student has completed the program satisfactorily, she is ready to function as a staff nurse in the hospital. On the evidence that has been accumulating to date, it is obvious that she fills this role quite effectively. Of course, her licensure presented a problem. It required some modification in the laws governing provincial examinations, but this was a small hurdle compared to the larger one of developing the programs.

The nurses who are the teachers and administrators of these programs had to learn a great deal about college programs, personnel policies, peer relationships with general educators and the like, before they could become comfortable as faculty members on the campuses. They also had to *unlearn* some things about nursing courses and clinical practice periods, but this was accomplished without too much frustration and emotional disturbance. Thanks to the regional demonstration schools which led the way and set directions through research and experimentation, potential teachers and administrators could study in these centres before initiating programs. When the new programs were being developed, the centres provided consultation and, in some instances, ready-made teachers. Evaluation procedures, created and tried out in the experimental centres, were of great assistance to teachers as they struggled to teach nursing in a new setting and in an old setting under new rules.

The gratifying part of this new development is that the graduates know how to nurse and, when they become staff nurses, this is exactly what they do. Probably because they are doing what they know how to do and want to do they are happy in nursing service. Whatever it is, the hospitals have stable nursing service personnel who find great satisfaction in their work. This may be due in part to the fact that hospital administration has accepted its full responsibility for the ward unit's housekeeping, laundry service, errand service, pharmaceutical supplies and food service. Or it may be due to the organizational pattern now used in most hospital nursing services called the team plan. Whatever is responsible, we know that patients are getting more effective nursing care. We believe the staff nurses who are products of our new two-year programs have contributed much to this better patient care.

University Programs

University programs of nursing education were established in Canada before the reformation of 1965 began. However well-qualified teachers were in short supply and there was some dissatisfaction with the arrangement of the curriculum, the level and character of the nursing content and the methods

of teaching. When the profession decided that there would be two nurse roles and two nursing careers, it was obvious that the role of the professional nurse would differ from that of the technical nurse and that education for the roles would differ accordingly.

Since the baccalaureate program was to lay the foundation for graduate study and provide the best possible practitioner of professional nursing, it was agreed that faculty members in these schools should organize themselves into intra- and inter-school committees to study both content and methods of teaching. Individual school committees set aside one day each week for study and contemplation of the issues raised. Twice a year, for the five-year period from 1965 to 1970, school committees from the east, west and central portions of Canada met for a three-day seminar to pool findings, raise questions and challenge each other's opinions and studies. Faculty members from the social, natural and medical science departments participated in the discussions, sometimes as invited guests and sometimes as regular committee members. On several occasions nurse consultants from across the border, who had studied these questions and found some answers, met with a school or a regional group. Thus a kind of ferment in curriculum development and content analysis spread throughout the country. One part was aimed toward the systematic development of substantive knowledge in nursing. The other part was focused on developing a climate for learning and methods of teaching that would foster creativity rather than conformity in students.

While immersed in the study of these weighty and troublesome problems, the faculty members continued to teach students of nursing. As they did, some interesting changes took place. A new kind of team teaching began to develop as faculty members ventured from the security of their "specialty" and attempted to plan and teach courses in nursing which cut across all specialty areas. For some teachers, this was an anxiety-producing experience in as much as they were asked to defend what they taught and to be explicit about it. The purpose of this kind of group work was to preserve and enlarge essential nursing knowledge and to eliminate unnecessary repetition. If the essentials could be teased out of clinical content areas once known as medical nursing, surgical nursing, psychiatric nursing, public health nursing, pediatric nursing and maternity nursing, it could then be developed within a different framework for the teaching of nursing. In this way, each faculty member contributed to the unification of knowledge rather than to the compartmentalization of it. In due course of time this faculty activity brought into baccalaureate education for nursing more learning for faculty and students, improved scholarship and greatly improved course work in nursing.

Teaching by Television

As faculty members strengthened their knowledge and improved their teaching skills, they experimented with instruction by television. This was indeed a revolution in the methods of teaching nursing but, with this medium, it was possible to place more responsibility upon the student for her own learning. By dividing these presentations between schools and faculty members, it was possible for faculty to make more effective use of teaching time and classroom space. Since only the superior teachers were chosen for televised instruction, students received the best teaching available. Beginning teachers worked hard to upgrade their teaching to the point where they would be selected to appear on television. Greater use of the library on the part of students was seen almost immediately. This in turn helped to up date, expand and improve libraries in university schools of nursing.

The Honors Program

Another innovation which led to improvement in teaching and learning in university programs was the initiation of the Honors Program. This program identified the superior students, brought them together and gave them an opportunity to become conscious of their full potentialities. Through ability grouping, the best students were challenged to emulate their peers and compete with themselves to the point where they eventually developed a positive

outlook toward scholarship. The level of instruction was higher than for conventional students. The teaching methods encouraged wide reading and independent study. Though these students functioned on their own in many of their creative activities, they required much attention from individual teachers. In the senior year of the program, each student conducted a research project. This, too, took more faculty time. The rewards of this kind of teaching were many. One important one was to be found in the number of graduates who proceeded to advanced study immediately.

Research Activity

In the five research centres that were established by the nurses with doctoral preparation, graduate programs flourished. A variety of problems relating to nursing theory and nursing practice were studied. The journals are full of the writings of these research-oriented nurses. They, like others, have tackled such questions as: What is nursing? Is nursing a learned profession? Can nursing develop its own body of knowledge? Can nursing add new knowledge through continuing research programs? Other studies that they initiated and are still studying relate to such questions as: How does the nurse contribute to the recovery of the patient? What does she contribute — on the earth and on the moon? How does her behavior toward the patient affect his recovery? Still other projects are directed toward finding out how automation affects nursing practice and the number of nursing personnel needed.

Automation in the Hospital

The use of electronic machines that could store and manipulate data and outperform man in the correlation and printing of it revolutionized the process of taking, recording and storing data about patients. When the physician's orders for treatment and medication were printed on electronic tape, fastened to a nursing care card and delivered to the patient's bedside, considerable paper work was eliminated. Changes in orders could be secured as soon as they were dictated into the machine by merely pressing the "asking" button. The vital signs of the patient are monitored and recorded by electronic instruments in some hospitals. Red lights or alarms are set off when the pre-set limits are exceeded. Medications are packaged and distributed by automatic vending machines, as are special diets that do not require intravenous instillation. Every day another routine task is taken over by automation. Hospitals planned around this whole complex of electronic equipment and closed circuit television for patient-nurse communication and doctor-nurse communication have created drastic changes in nursing care in hospitals and in the preparation of nurses.

The Professional Nurse

The preparation of the professional nurse in university programs has kept pace with these changes. The nursing major, which is now offered exclusively in the junior and senior years, encompasses only one-third of the total curriculum. In some programs the nursing content is offered at the graduate level. Emphasis is upon intellectual skills rather than upon technical skills. The graduates of these programs possess a degree of sophistication and maturity undreamed of 20 years ago. The intellectual content of the program has been greatly enlarged. Teaching is research-oriented and the product of these programs, the professional nurse, now thinks in conceptual terms, analyses her observations critically and is master of the practice of nursing. It is she who directs the work of the technical nurse and supports her in adjusting and adapting to change.

In her continued study at the graduate level, the professional nurse narrows her focus of interest, selects certain aspects of nursing for study and explores these aspects in depth and breadth while continuing study in one of the natural or social sciences. When she is ready to prepare for teaching or administration, she studies the processes of these functions with a critical eye and develops for herself new teaching or administrative tools and techniques.

The professional nurse is knowledgeable, analytical and objective. She understands the dynamics of human behavior. She relates and communicates

effectively with patients and their families. She plans, executes and supervises appropriate and therapeutic nursing care of people. She has explored and persued knowledge in an era of expansion of knowledge. She is recognized as a professional within the community and respected as an equal within the university. She is prepared for a world of change.

PLATFORM

of the Canadian Nurses' Association

1962-1964

The Canadian Nurses' Association is a federation of the ten provincial nurses' associations. The purposes of the organization are: to promote high quality in nursing care through the improvement of professional standards; to encourage its members to participate in affairs related to the welfare of the public; to foster improved understanding with nurses of other countries. Inherent in these purposes are the principles embodied in the International Code of Nursing Ethics as adopted by the Canadian Nurses' Association. To achieve these broad objectives in 1962-64, the Association will:

1. Promote and encourage research in nursing by continuing studies directed toward better nursing care for all people.
2. Continue to support the *Study of the Whole Field of Nursing Education.*
3. Continue to support the *School Improvement Program.*
4. Continue to support the *Project for the Evaluation of Quality of Nursing Service.*
5. Develop standards and outline functions for nursing personnel which may serve as guides for positions in nursing.
6. Encourage recruitment of competent nursing personnel and more effective use of the professional skills of nurses.
7. Continue to support legislation that provides for licensure of all who nurse for hire.
8. Promote legislation that will provide public funds for improvement in nursing education.
9. Support and promote the Canadian Nurses' Foundation in receiving and administering funds for graduate study and research in nursing.
10. Encourage the betterment of social and economic conditions for nurses.
11. Seek ways and means to encourage all members to participate in association activities.
12. Continue to interpret to nurses and others the breadth and value of the Canadian Nurses' Association Retirement Plan.
13. Utilize and create opportunities to interpret nursing to responsible bodies in Canada.
14. Cooperate with public and private agencies in planning for and providing health serivces in time of emergency.
15. Continue to promote the program of the International Council of Nurses, including the International Exchange of Privileges Program.
16. Promote international good will and improved understanding by cooperating with public and private agencies in Canada responsible for international programs, including World Health Organization, Colombo Plan and Commonwealth Aid Program.
17. Continue efforts to raise funds for the establishment of a national headquarters — CNA HOUSE.

Human kind cannot bear very much reality.

HONORARY MEMBERSHIPS

One of the most thrilling moments of recent CNA Biennial Conventions has been the presentation of honorary memberships in the Association to prominent nurses and distinguished friends of nursing. This year eight memberships were granted and, in this issue, we present the five nurses so honored. In the October issue, the three new lay members will be introduced.

Nettie Douglas Fidler who retired very recently from the directorship of the School of Nursing, University of Toronto, was granted honorary membership in absentia. A prominent figure in Canadian nursing circles for many years, Miss Fidler's contribution to her profession has been outstanding.

Born in Montreal, Miss Fidler later studied at the University of Toronto where she obtained her Bachelor of Arts degree. Her nurse's training was secured at the Toronto General Hospital. Following graduation in 1919, she turned to private nursing but, in a short time, returned to TGH and duty as a head nurse. In 1923, Miss Fidler joined the Outpost Hospitals staff of the Ontario Red Cross Society and was associated with this organization for over a year. In 1925, she returned to the Toronto General to become successively head nurse and supervisor. Then, after a year of study at the McGill School for Graduate Nurses, she joined the teaching staff of her school of nursing for a three-year period.

A capable administrator, Miss Fidler served as director of nursing at Toronto Psychiatric Hospital and the Ontario Hospital, Whitby before joining the faculty of the School of Nursing, University of Toronto. In 1947 when a director was sought for the Demonstration School, Windsor, Ont., the Canadian Nurses' Association was able to announce with pleasure the appointment of Miss Fidler who left her work at U. of T. as assistant professor of nursing in order to carry out this important assignment. In 1952, with the Windsor project nearing completion, Miss Fidler returned to the University of Toronto, this time as director of the School of Nursing.

NETTIE FIDLER

A recognized authority on the legal aspects of nursing, Miss Fidler and Dr. K. Gray collaborated in the writing of "Law and the Practice of Nursing" — a publication that was to make both authors widely known to the nursing profession. Miss Fidler gave generously of her time and ability to professional association work. A former president of the RNAO, she was chairman of the CNA Committee on Legislation, Constitution and By-laws for several years. In 1952 she was appointed to the Dominion Council of Health for a three-year term — one of the two women who serve with this body whose function it is to study health problems and decide how to deal with them.

In bestowing honorary membership, the Association seeks, in some measure, to show its grateful appreciation to this very distinguished member of the nursing profession. Colleagues, friends, graduates and students of the School of Nursing will join in a heartfelt wish for her future happiness in retirement.

Marion Christine Livingston retired from active nursing in 1960 after 27 years of service with Victorian Order of Nurses, during the last eleven years of which she was Director in Chief of the Order.

(Paul Horsdal, Ottawa)

CHRISTINE LIVINGSTON

A graduate of Hamilton General Hospital, Miss Livingston obtained her initial public health training at the University of Toronto. Later she studied at Columbia University where she obtained her B.Sc. degree with a major in administration and supervision in public health nursing. In 1952 Miss Livingston was awarded the Coronation medal in recognition of her services. Her professional connections have been many and varied: Officer-sister of the Order of St. John of Jerusalem; Fellow of the American Public Health Association; member of the Canadian Red Cross Advisory Nursing Committee, St. John Ambulance Advisory Nursing Committee, National Committee on Aging and the executive council of the Canadian Public Health Association.

Congratulations are extended to her in the bestowal of this most recent honor.

Sister Valerie de la Sagesse, Ontario-born graduate of Ste. Justine's Hospital, Montreal, was director of nursing there for many years.

Following graduation in 1919, Sister Valerie spent three years in general duty and then joined the staff of the outdoor department of her hospital as a social worker where she remained for a four-year period. She had previously studied social science at the University of Montreal and, on two different occasions, spent several months in study at centres in France and Belgium.

Sister became director of nursing, Ste. Justine's Hospital, in 1928 after two years on the teaching staff. She retired from this position in 1956 to become consultant in nursing when the new hospital was in the various stages of building. At the provincial level, Quebec nurses have come to know her well through her activities on the executive of the ANPQ. She was French first vice-president for several years prior to her election as president in 1947. She filled this post for the next three years. During those years she became known for her sound judgment and her foresight. The telegram of warm good wishes that arrived from the Association of Nurses of the Province of Quebec in time for the ceremony of award was token of the special pride that Quebec nurses felt in this recognition of Sister's years of devoted service.

SISTER VALERIE DE LA SAGESSE

In 1961 **Florence Harriet Walker** retired from nursing and from her duties as executive secretary with the Registered Nurses' Association of Ontario — duties that she had fulfilled with exceptional ability for 16 years. During those years she had seen the Association grow in numbers, in prestige and professional responsibility. Thanks largely to her

(Ballard & Jarrett, Toronto)

FLORENCE WALKER

careful handling of RNAO funds, the Association was able to accomplish a very special dream — the construction of its own headquarters building at 33 Price Street, Toronto.

A graduate of Hamilton General Hospital, Miss Walker is also a graduate of the University of British Columbia where she obtained both a bachelor of arts degree and her degree in nursing. Three years as instructor in her own school of nursing were succeeded by an administrative position at the Vancouver General Hospital. In 1943 she joined National Office staff as assistant secretary. Then in 1945 she began her work with the RNAO.

The bestowal of honorary membership in the CNA is a well-deserved tribute to Miss Walker as a person and as a member of the profession.

In 1960, **Alice Lillian Wright,** executive secretary of the RNABC since 1943 retired from active nursing but definitely not from the problems of the profession. In fact, her post-retirement years to date have been almost as busy as those spent in active service. That this has been the case is evidence of her professional stature and of the respect in which she is held by nurses across the country.

Born in Prince Edward Island, she moved with her family to British Columbia and, having chosen nursing as her life's work, graduated from the Vancouver General Hospital in 1918. She is also a graduate of Teachers College, Columbia University where she obtained her B.Sc. degree. Miss Wright's specialty was pediatric nursing and for some time she was on the faculty of the pediatrics department, Columbia-Presbyterian Medical Center, New York.

When she first joined the RNABC, the development of districts and chapters had only just begun. As one of her self-imposed duties, Miss Wright made it her concern that members should get to know their secretary personally. It was her belief that more active participation in professional affairs would be the end result. Her activities became inter-provincial through her quiet, capable leadership in the conference of executive secretaries and registrars. They became national when retirement from exacting provincial duties left her free time to answer requests to make various special studies. In conferring honorary membership the Canadian Nurses' Association bestowed its highest honor on Miss Wright and recognized the contribution that she has made and is making to nursing.

(Hannay)

ALICE WRIGHT

There is a superstition in avoiding superstition. —FRANCIS BACON

Acceptance Address

Alice L. Wright, B.Sc.

Miss Wright spoke on behalf of the nurses who were awarded honorary memberships at the recent Convention.

I was hesitant when asked and I am still hesitant in presuming to speak on behalf of the other nurses honored today — each one of whom has had a longer and more noteworthy career in nursing than I. In saying this, I am not implying that I belong to a younger generation. I am referring to the fact that a major part of my career occurred outside Canada. I have had however, more than 18 years of pleasant and close contact with the Canadian Nurses' Association. This is the background of the few remarks that I shall make — the personal nature of which I hope my companions will forgive.

In the frequently-quoted article on the professional school in the university, Professor Solomon of McGill states that a profession consists of four elements. He lists as the first "a set of persons bound together by informal ties and a formal association." This seems to me to be an accurate description of the nursing profession in Canada.

The informal ties, I think, are reflected in the spirit of good fellowship so evident when nurses meet in a group: in the friendships that are formed; in the continuous interchange of information and ideas; in the generosity of time and hospitality shown when professional visits are made. These are just a few of the good things we receive in an informal way through our professional association.

It is the formal structure of our profession that makes possible the accomplishments of the CNA. My first contact with this was at the time of the 1944 convention in Winnipeg. My first meeting was an executive meeting which commenced at 9:00 a.m. Saturday and ended at 1:00 a.m. Sunday! As one whose mind refuses to function after the early evening hours, I was amazed at the untiring zeal of the more experienced executive members. Throughout the entire meeting, the needs in nursing were kept clearly in view. The part that the CNA could play in solving the many problems of that time were considered earnestly. Many of these problems still exist. Some have been solved. We are assured that the solution of others will evolve through the ongoing studies and activities, and the plans for the future that have been reported this week.

The opportunity that I have had to observe the phenomenal growth in the power and prestige of our national association during the past 18 years has strengthened my conviction that organized nursing has a potential for good which extends beyond the realm of nursing and of health. I feel sure that the young nurses who have attended their first CNA meeting this week will return to their homes and their work with a great pride in their profession and a determination to be active in promoting the work of the Association.

Madam President, on behalf of Sister Valerie, Miss Fidler, Miss Livingston and Miss Walker, as well as myself, I thank the members of the Canadian Nurses' Association most sincerely for the honors conferred today. Our new status in the Association will be a continuing source of pride and pleasure.

The Canadian Citizenship Council has announced the publication of a 16-page booklet entitled *Teaching Aids Available from Departments of the Government in Ottawa*. The booklet lists pamphlets, bulletins, maps, posters, films and other teaching aids, many of them free, that are available from Departments and Agencies of the Canadian Government. Prices are: 1-9 copies, 50 cents each; 10-24 copies, 45 cents each; 25 plus copies, 40 cents each. Send cheque or money order payable to: Canadian Citizenship Council, 268 First Avenue, Ottawa 1.

Ping-Pong Tables in the Nursing Arts Laboratory

BEVERLEY W. DUGAS, B.A., M.N. and BARBARA BLACKWOOD, B.A., B.S.N.

For the past 40 years at least, the preliminary student's best friend has been "Mrs. Chase." On her inanimate form, the fledgling nurse has practised her procedures diligently under the watchful eye of the nursing arts instructor. Mrs. Chase is always calm, placid and predictable — the "perfect" patient. She never wrinkles the sheets once the bed has been made; she never puts her thermometer in the soup (as some patients have been known to do!); she never asks difficult questions!

THERE are many advantages to the traditional approach to the teaching of nursing arts by using a doll in a laboratory. The environment is stable; the equipment is always there when it is needed; the student can pactise her nursing skills step by step with the procedure book open beside her.

However, this method also has its inherent disadvantages. The memorization of the steps in a procedure sometimes masks the basic principles of nursing care. The human element is missing. There is danger that the nursing care the student learns to give will be procedure-centred, rather than patient-centred. The student often has difficulty in transferring her learning from the "ivory-towered" atmosphere of the classroom to the real-life situation on the wards.

After thorough consideration of these factors, we decided to give the nursing arts course at The Vancouver General Hospital School of Nursing a "new look." We reorganized our program with two basic principles in mind. First, nursing arts should be taught with a patient-centred approach. Second, principles rather than procedures should be emphasized. In order to accomplish this, the teaching of nursing arts was transferred from the classroom and laboratory to the hospital wards.

Two classes of similar size are enrolled each year and participate in a 24-week preliminary term. In September 1960, 105 students (from 304 applicants) were selected to make up the fall class. During registration week the students were introduced to the hospital through a brief tour of the pediatric, obstetric and main buildings. In addition they visited a specific nursing unit to familiarize themselves with the general patient environment in the hospital. The second week the class started on a regular ward assignment of two days per week.

The objectives developed for the new course, which we call "Nursing Fundamentals," are as follows:

Central Objective

To provide opportunity for the student to develop basic skills in the care of the patient.

Concomitant Objectives

1. To help the student to understand the principles of nursing care as they are based on the allied sciences.
2. To help the student to acquire skill in the performance of nursing procedures.
3. To help the student to develop the ability to observe, to report and to record signifcant findings.
4. To help the student to understand the emotional and physical need of the sick person and his family.
5. To help the student to understand the correlation of nursing with other departments in the hospital.
6. To help the student to learn to work as a member of the nursing team and of the health team.

Course Organization

This included the division of content into units beginning with the basic skills the students would use on the wards and progressing to the more specific nursing procedures which correlated with the lectures in anatomy, pharmacology, bacteriology and charting. In addition, more difficult units were alternated with easier ones so that the student had time to develop skill in the more complicated procedures. As an example, applications of heat and cold followed the unit on nursing care of the patient with dysfunction of the respiratory tract so that the students, while learning about ice bags and hot water bottles, could continue to practise with oxygen tents.

There were 36 hours of lecture time devoted to the principles of nursing during the 24-week term. These classes were scheduled on Monday of each week prior to the student's clinical experience. On Tuesday, one half of the class was assigned to the wards from 8:00 A.M. to 3:00 P.M. During this time, the students witnessed demonstrations of the nursing skills evolved from the principles they had discussed in class previously. Demonstrations were given by each clinical instructor on carefully selected patients. The students, under the guidance of the instructor, carried out their newly-learned procedures immediately after the initial demonstration. Patients were invited to participate in the learning experience. We found that they were eager to volunteer and would engage in role-playing when this was advantageous to the students' education. They were also very protective of "their" students and reluctant to have the instructor see any imperfections in their performance.

The second half of the class came to the nursing units for their clinical experience on Wednesday and the same pattern of demonstration and practice was followed. On Thursday, the first group returned to the wards for a half day's experience to reinforce their learning. On Friday, this was repeated for the second group. This weekly pattern continued throughout the term.

In each demonstration and practice the patient was the focus of attention. His needs always took precedence over the steps of the procedure. The student learned early to take cognizance of her patient and to assess his needs in relation to the nursing care that had been outlined. Under the guidance of her instructor she began to make nursing judgments. Is it more important, for example, for the patient to have a complete bed bath or to have a visit from his wife who has just arrived from out of town?

Assessing the Program

There were no practical examinations. The extent of the student's learning and her ability to apply it were assessed by the clinical instructor who had counselled her during the term. A written evaluation was made out at the end of the student's experience on a unit.

We considered the advantages and disadvantages of changing the student from one ward to another during the preliminary term. We weighed such things as providing her with varied experiences on both medical and surgical wards against the sense of security that may be gained from a continuous experience in one area. We discussed the relative merits of changing wards with the class. The students suggested that they would like to change for a four-to-six-week period and then return to their original nursing unit for the remainder of the term. The faculty concurred with this and changes were subsequently planned to give the students an optimum varied experience. In arranging these moves, half the number of students from each ward were kept together so that there was some sense of continuity and a feeling of security from within the peer group.

An evaluation of the program was done at the end of the first term. Reports from the students and faculty members who participated indicated that the objectives of the program had been met. Strengths evidenced from the students' performance included increased skill in interpersonal relationships; recognition of patient needs; and a greater flexibility in nursing care.

An unexpected outcome was the wider range of variability in the students' performance. Good students did exceedingly well with a minimum of supervision. Slower students required

close supervision and more guidance than at first anticipated. It was possible to give this extra guidance since the number of students on each ward was so small. We found that five students was the most desirable number for one instructor to teach effectively at the patient's bedside.

Instructors have found the program stimulating at is has allowed for originality in method of teaching and closer contact with the patients and students in the clinical setting. The majority of head nurses like the program. They find the preliminary students refreshing and helpful. Students enjoy being with the patients so early in their training. One student remarked that they were on the wards "before they had time to be frightened." We found that this role at the bedside closely correlates with their preconceived ideas of a nurse. We feel that the students are happier in their total program. Our attrition rate has dropped considerably in the time that we have been using this program.

Conclusion

In view of this evaluation, we are continuing with the program. We have cleared out half of the nursing arts laboratory since we no longer need an elaborate ward setup for practice. The half that remains is used by students for extra practice if they feel that they need it. In the unused portion we have put two ping-pong tables which get much use by students in the "breaks" between class periods!

In Memoriam

The Alumnae Association of Misericordia Hospital, Winnipeg records the loss by death of the following members: **Evelyn Judge '25; Margherita Michelle (Baroni) Scott '29; Ellen Louise Clare (Ratchford) Wolfe '37.**

* * *

Jeanne d'Arc Bilodeau, a Quebec nurse who resided in Laurierville, P.Q., died some months ago.

* * *

Isobel Bussell (Wellesley Hospital, Toronto '38) died suddenly in Toronto on June 4, 1962. She had served with the Royal Canadian Air Force 1943-46 before studying public health at the University of Toronto. A member of the nursing staff of The Bell Telephone Company of Canada for nine years, Miss Bussell was recently appointed nursing supervisor for the western area.

* * *

Christina R. Denovan (Montreal General Hospital '20) died in Montreal on June 5, 1962. She had been a staff member of her hospital for more than 40 years, much of that time being occupied by her duties as assistant and finally night superintendent. She had retired from nursing in 1955. Since retirement Miss Denovan had acted as house mother in the dietitians' residence.

* * *

Grace Evelyn Elizabeth (Darker) Farnham (Sherbrooke Hospital, P.Q., '35) died in Montreal, May 31, 1962.

* * *

Irene (Nelson) Ludwig (St. Boniface Hospital, Man. '33) died in Vancouver some time ago.

* * *

Josephine J. (Grills) Owens (Homewood Sanatorium, Guelph, Ont. '31) died in Whitby, Ont.

* * *

Lily Irene (Gerrish) Pim (St. John's Hospital, Toronto '28) died in Woodstock, Ont., on May 19, 1962.

* * *

Olive B. Stephens (Ontario Hospital, Brockville '27) died as the result of a fire on May 29, 1962 in Woodstock, Ont. Her entire nursing career had been spent in institutional work.

* * *

Marjory (Nelson) Waterhouse (Brandon General Hospital, Man. '05) died in Carberry, Manitoba on May 31, 1962. Her professional career had been spent in private nursing. Mrs. Waterhouse was 86 years of age.

THE POCKET-SIZED PROGRAM

LILLIAN I. LONEY

Self-consciously, the four young ladies adjusted the unfamiliar metal "hard hats" and gave a giggle as they glanced in the mirror. It was a contrast to the neat, starched caps that usually perched confidently atop the off-the-collar hair-do's. They pulled on their coats, fastened their overshoes, and set off for a tour of the refinery on a brilliant and frost-whiskered day in mid-January.

THIS was the 10th such group that had visited the refinery since this pocket-sized orientation to an industrial nursing program had begun. Every second week, two student nurses from the Union Hospital and two from the Providence Hospital, Moose Jaw, spent an afternoon at the plant. Though certainly not unique, nor enormous in scope, the program has been received with interest by the students. It presents an opportunity for them to gain some knowledge of the occupational health field — what it is, its aims, its methods, and its contrasts and similarities to other professional nursing areas. As for myself, this program has boomeranged, in a sense, by honing my enthusiasm to a keener edge, and helping to give me the incentive which maintains deep interest.

The refinery has a personnel complement of 215 employees — statistically a small plant, but offering many of the services associated with larger industries in its Health Centre policies. When I heard again and again, "What do you do down there?" from members of the hospital staff with whom I had worked prior to my present employment, I began to wonder if the majority of nurses associated the industrial nurse with an eight-hour aspirin and Band-aid dispenser. With an embarrassed twinge I recalled that my own vague estimation once had been founded on an identical assumption.

When the idea occurred of trying to organize a program that would serve to offer a basic outline of occupational health nursing, management was both very cooperative and interested, and has remained so. Without this backing the project would have been stillborn.

The program is planned to lead off with a tour which includes the Health Centre facilities in some detail and is followed by an hour spent in visiting the more interesting departments and phases of petroleum refining. During this tour a simple explanation of the processes involved and the products produced is given. We ask the workers in the various units to help out occasionally with the more technical information. The "boys" are very willing to oblige and, after a few teasing remarks to our guests, will outdo themselves in an effort to give an understandable idea of the particular function with which they are associated. "When are the nurses coming to see us again?" is the query during the two-week intervals.

The potential hazards peculiar to this industry are noted. The safety, preventive measures and equipment are pointed out and demonstrated if feasible. The plant's safety program is outlined, and stress is placed on the fact that the safety aim is to develop a 24-hour a day safety consciousness which will carry over to the home as well as being practised within the refinery. "Safety First" is not a slogan that should cease to have meaning when the employee gives his card the off-duty punch in the time clock. The safety supervisor, representatives of management, the nurse, and all department

heads have interwoven roles in promoting safe working and "Safety Thinking" conditions.

As the tour continues we pass through the laboratory, the pumping and shipping department, the chattering and bellowing boiler house, the industrious ant-hill that is the maintenance department, and on into the units where the dark-visaged coke drums link elbows with each other humbly and try to ignore the queen of the refinery horizon — the "Cat. Cracker" with her lofty robes of state shining silver in the sun. Up and down steel steps, through this building, under those pipes we go and as we do we hear, we see, and I'm afraid we also smell, all of the evidences of the viable processes that make an industry. Industry — the process by which services are provided or products manufactured for a profit, and through which a man provides for himself and his loved ones by the services he offers.

We return to the Health Centre and unbundle, glad to warm our feet. Individual printed notes are passed. Together we read over the qualifications and personal characteristics necessary for the "ideal" industrial nurse (almost identical to the personal characteristics needed for the nurse in any field of the profession). The particular responsibilities and duties which she carries and performs are detailed: skill in giving first aid and in handling emergencies; the organization and administration of the Health Centre; alertness to new occupational hazards as new methods and materials are introduced; participation in health and safety education programs; awareness of the importance of reports and records; working knowledge of general compensation laws, health codes and regulations; knowledge of fringe benefit plans; knowledge of counselling methods and techniques; cooperation with all health and welfare agencies. The history of occupational health nursing is reviewed. A discussion on the doctor-nurse-employee and the management - nurse - employee relationships takes place. The ethics which are particularly pertinent to the Health Centre regarding confidential information are perused, as well as the role of the nurse in interpreting professional attitudes to management, not only on the plane of confidences but as other circumstances arise from day-to-day.

Nursing students and graduates are not always aware of the role of the provincial Occupational Health Branches and of the Division of Occupational Health in the Department of National Health and Welfare. In Canada, public health training is considered the best preparation available for occupational health nursing. However, many nurses arrive in the occupational health field direct from institutional nursing. The assistance available to them through these departmental branches is invaluable.

A question arises when it is realized that the industrial nurse in the smaller plant usually works by herself, away from day-to-day professional contact. How does she keep up to date? It is a situation that does have forms of alleviation. The supervising occupational health nurse employed by the provincial Occupational Health Branch is an important factor. Either through her periodic visits or upon request, she is available to offer help with particular problems at the Health Centre and to advise generally. Through information supplied by industrial nursing groups, health education departments, insurance companies, professional nurses' associations, and through personal contact with other industrial nurses, the nurse manages to keep abreast.

After a break for coffee and a sugary doughnut in the lunchroom, a short observation period completes the students' visit. During this period the specific routine of this Health Centre and its policies are explained. The students observe the response to first aid calls as they arise and the filling out of the records concerned. The importance of records that are accurate and complete is stressed for their value in statistics, insurance claims, and research. The students are encouraged to ask questions at any time during the visit, but it is usually during this latter portion that they begin to do so freely. From their questions it is possible to make a rough estimation of whether they have grasped the central theme of the program, and in the majority of sessions, the evaluation is rewarding.

I believe that the students gain an

awareness of a field where the nursing contact is mostly with the well individual, but where the opportunities in health education for the employee and, through the employee, for his family are great. An age range in both sexes from the very young adult to the employee with only a few months or years left till retirement is represented in this one industrial unit, as well as the diversification of health problems that such a range would indicate. All in all, it forms a highly representative cross-section of the working community.

The program illustrates that even a small city with relatively small industries has resources to provide the nursing student with a picture of nursing in the community. The struggled-for "patient as a whole" thinking of modern medicine receives a booster shot. Several times instances similar to this have occurred:

An employee greets one of the girls and states, "You were one of my nurses when I had my back operation last winter. I was in 102!" She may remember him and she may not, but it enhances the point that the patient she nursed back to optimum health capacity came from a world beyond the hospital entrance and returned to that world again.

The aim of occupational health, guided by public health principles, is to promote, conserve, and restore the health and effectiveness of workers through a planned program in their place of employment. The industrial nurse contributes her skills and science in partnership with the doctor and the safety engineer. The student is very familiar with institutional nursing. She has a general knowledge of the public health nursing field. By becoming familiar with the role of the industrial nurse, the student adds the third side of the nursing team triangle — in which no side overlaps the other, but in which each side contacts and supports the other in order to promote the well-being of an entity. That entity is the individual.

New Publications

Lippincott's Quick Reference Book for Nurses. Revised by Members of the Department of Nursing, Faculty of Medicine, Columbia University, New York. 800 pages. J. B. Lippincott Company, 4865 Western Avenue, Montreal. Ed. 8. 1962. Price $4.75, regular edition; $6.95, deluxe edition.

This text is designed to present "a maximum of pertinent and current nursing information in a volume of minimum bulk."

The inside front covers have been used to list various emergency conditions and the pages on which reference to symptoms and treatment will be found.

There are six major sections under which the editorial content is arranged: Nursing Technics, medical and surgical nursing, maternity nursing, nursing of children (a new section), normal and therapeutic diets and pharmacology. The section on drugs has been expanded to include newer preparations. Pharmaceuticals are discussed under the general conditions for which they are prescribed, e.g. Drugs to treat convulsive disorders.

Discussion of a specific condition is confined to the basic details — a brief description of the condition, a simple listing of symptoms and signs, an outline of treatment with references to other sections in the text where additional information can be found, e.g. Normal and therapeutic diets.

A very useful text for quick reference purposes.

A Workbook of Medical-Surgical Nursing by Jean C. Barbata, R.N., B.S.; Deborah M. Jensen, R.N., M.A.; Marianna J. Koch, R.N., B.S.; William G. Patterson. 374 pages. The Macmillan Company of Canada Ltd., 70 Bond Street, Toronto. 1961. Price $4.95.

This workbook was designed for specific use with Barbata, Jensen and Patterson's *A Textbook of Medical-Surgical Nursing* but could be used with other modern texts on the same subject.

". . . the authors believe that in order to acquire the basic knowledge necessary to understand the requirements for good patient care in medical and surgical

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nursing situations two essentials must be mastered: first, a student should be encouraged to develop the ability to utilize facts previously learned in the science courses; the principles taught in the fundamentals of nursing course . . . and knowledge from any related fields of interest; second (she) should acquire a new vocabulary and understand its precise meaning and usage." The workbook has been developed as a series of drills and exercises designed to achieve the stated objectives.

Use of authentic patient studies is made in some instances to help students in identification and solution of nursing problems. These sample studies have been selected to give as wide a range of disabilities as possible.

The drills and exercises are formulated in such a way as to encourage reference reading and further investigation.

Heinemann Modern Dictionary for Nurses compiled by Leslie T. Morton, A.L.A. and J. Johnston Abraham, M.D., Litt. D., F.R.C.S. 309 pages. William Heinemann Medical Books Ltd., London, England. 1961. Price $1.15.

A compact publication, pocketbook size, designed for use by nurses, medical secretaries, physiotherapists and others in the medical field.

There are brief appendices on anesthetics in which the various types are discussed; on radiography; urine testing; antibiotics; blood transfusion; artificial respiration; weights and measures.

In content, there appears to be concentration on the terms most likely to be encountered in the everyday work situation. Definitions are brief and in general omit the variations of meaning that are found in the more detailed dictionary. Useful for quick reference, if detailed explanation is not required.

Selected Experiments in Medical Microbiology compiled by Stewart M. Brooks, M.S. 93 pages. Canada: McAinsh and Company Limited, 1251 Yonge St., Toronto 7. U.S.A.: W. B. Saunders Company, Philadelphia. Ed. 2. 1962. Price $2.00.

"The experiments in this manual have been selected on a basis of *simplicity* and power to fortify the *basic facts* of an elementary course in medical microbiology. In contrast to the prevailing practice of presenting the greatest number of experiments, this work presents the *least number.*"

The manual is clearly and simply set up. The first few pages are used to illustrate laboratory equipment that will be used and to illustrate and explain the use and care of a microscope. Subsequent sections are devoted to experiments illustrating fundamental principles in bacteriology, e.g. bacterial motility, and finally to identification and study of specific infectious organisms.

The exercises appear to be well-designed for the purpose of integrating principles learned in bacteriology with nursing knowledge in general.

EMPLOYMENT OPPORTUNITIES

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The Canadian Nurses' Association has not reviewed the personnel policies of the hospitals and agencies advertising in the Journal. For authentic information, prospective applicants should apply to the registered Nurses' Association of the Province in which they are interested in working.

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Clinical Instructors for 45-student School of Nursing, **Registered Nurses for General Duty,** salary range - $285-$315. Apply to: Director of Nursing, St. Joseph,s General Hospital, Vegreville, Alberta.

Obstetrical Head Nurse for 150-bed General Hospital in central Alberta. P.G. in obstetrics required. Salary with P.G.: $330 to $375 per mo. Recognition given for experience. For full particulars apply stating qualifications & experience to: Director of Nursing, Municipal Hospital, Red Deer, Alberta.

Registered Nurses for active 20-bed hospital. Starting salary $290 with recognition for experience. 40-hr. wk., 28-day vacation after 1 year, accommodation in new separate residence $30. Apply to: Miss A. M. Morrison, Matron, Municipal Hospital, Bow Island, Alberta.

Registered Nurses (2 immediately) for 32-bed hospital, salary $325 per mo., 40-hr. wk., 10 legal days with pay, 1-1/2 days sick leave per mo., 21 days vacation after 1-yr., living accommodation at hospital $35 per mo. Valuable experience available. Good boating, fishing & swimming, beautiful scenery overlooking the mighty Peace River, also skating & picture shows. Fare from any place in Canada could be advanced & need not be repaid if you stay over six (6) months. Return fare paid after 1-1/2 years. Kindly apply giving experience & references to: Director of Nursing, Sister Priscilla Marie, St. Theresa Hospital, Fort Vermilion, Alberta.

Registered Nurses for modern 70-bed General Hospital. Salary $300-$330 per mo. **Certified Nursing Aides** $195-$215, 40-hr. wk., liberal policies, yearly increments, residence available. Situated in prosperous Peace River country, French & English population. Apply: Sister Superior, Sacred Heart Hospital, McLennan, Alberta.

Registered Nurses & Certified Nursing Assistants for 62-bed home for mentally & physically retarded children. Good salaries & working conditions. Full information regarding operation & organization available on request. Apply: Rosecrest Home, 10205-134 Avenue, Edmonton, Alberta.

Registered Nurses, (1) experienced Operating Room Nurse & Certified Nursing Assistants for new 70-bed hospital. Salary $300-$330: $200-230. Liberal policies, 40-hr. wk. apply: Sister Superior, Providence Hospital, High Prairie, Alberta.

Registered Nurses for General Duty 37-bed hospital, salary to start $290 plus $15 increase each year to max. $335, board & room at $20 per mo., in separate nurses' residence. Apply in writing to: Matron, Municipal Hospital, Vulcan, Alberta.

General Duty Registered Nurses (immediately) for new 70-bed hospital. Salary scale $300-$345 per mo. gross, 3 yearly increments of $15 each. Increments added for past approved experience, new nurses' residence will be ready for occupancy August 1st, board & room available at approx. $35 per mo. For further information apply to: Director of Nursing, Municipal Hospital, Peace River, Alberta.

General Duty Registered Nurse for 25-bed hospital, starting salary $290 per mo., 1-mo. vacation with pay after one year service, board, room & laundry available. Full particulars apply to: Matron, Municipal Hospital, Raymond, Alberta.

General Duty Nurses for well-equipped 76-bed hospital in active town of 3,000. Salary $290 - $340 for Alberta registered; $280 - $330 for non Alberta registered. New separate residence, excellent personnel policies & working conditions. Apply to: Director of Nursing, Brooks General Hospital, Brooks, Alberta.

General Duty Nurses — starting salary $300 per mo., 40-hr. work wk., board, room & laundry available, if desired, at nominal rates. Civil Service holidays, sick leave & pension benefits. Apply to: Baker Memorial Sanatorium, Department of Public Health, Calgary, Alberta.

General Duty Nurses (2) for 16-bed hospital, 100-mi N. E. of Calgary. 40-hr. wk., basic salary $290, room & board $35. Apply: Municipal Hospital, Elnora, Alberta.

General Duty Nurse (Immediately) for 32-bed Auxiliary Hospital. Starting salary $300 per mo., 40-hr. wk., sick leave benefits, good working conditions. For further particulars write to: P.O. Box 87, Rimbey, Alberta.

General Duty Graduate Nurses for newly built, active 75-bed hospital. Initial salary: $290, increments $15 per yr. Good personnel policies. Please apply to: Sister Irene Papineau, Superior & Administrator, St. Theresa Hospital, P.O. Box 880, St. Paul, Alberta.

Graduate Nurse — General Staff Duty for 40-bed hospital, 3-mo. relief duty for regular staff member, AARN policy in force, particulars from Superintendent, St. Joseph's Hospital, Galahad, Alberta.

NURSES fully qualified for 30-bed active treatment hospital. New hospital building & recently renovated nurses' residence. Unless definitely interested in coming, please do not apply. Personnel policies sent upon request. Apply to: Mrs. M. Hislop, Superintendent, Municipal Hospital, Bassano, Alberta.

BRITISH COLUMBIA

Nursing Supervisor B.C. Registered for new hospital at Golden, British Columbia, picturesque village in the beautiful Canadian Rockies, on C.P.R. & Trans-Canada Highway, 170-miles west of Calgary, Alberta. Please indicate qualifications & salary expected. Full information regarding duties & hospital operation & organization available on request. Apply to: C. F. Collins, Administrator, Golden & District General Hospital, P.O. Box 230, Golden, British Columbia.

Supervisor for combined Psychiatric and Re-Activation Wing. Registered Nurse with a baccalaureate degree & advanced psychiatric preparation to organize the nursing service in a unit consisting of 20 psychiatric beds, & two 25-bed re-activation wards, this unit is attached to an active General Hospital. She should be capable of instituting & participating in educational programs. Good personnel policies, salary commensurate with qualifications & experience. Please apply to: Director of Nursing, Lions Gate Hospital, 230 East 13th Street, North Vancouver, British Columbia.

Registered Nurses for modern 103-bed General Hospital in metropolitan Vancouver area. Salary: $309-$387, annual increases, 40-hr. wk., 4-wk. vacation plus 10 holidays, not to mention 7-1/2 hrs. satisfying work per shift. Apply: Director of Nursing, Surrey Memorial Hospital, North Surrey, British Columbia.

Registered Nurse for Operating Room & General Duty Nurses for 40-bed hospital, salaries according to RNABC agreement. 4-wk. vacantion, 10 statutory holidays, 1 1/2 days sick leave per mo., accomodation available in new modern residence. Apply to: Administrator, St. John Hospital, Vanderhoof, British Columbia.

General Duty Nurses for small active hospital. Salary $294 for unregistered Nurses in B.C. $312 registered, with yearly increments. Nurses' home available. For further particulars write: The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for active 30-bed hospital. RNABC policies & schedules in effect also Northern Allowance. Accommodations available in residence. Apply: Director of Nursing, General Hospital, Fort Nelson, British Columbia.

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary range $309 to $374. Preplanned shift rotation, B.C. registration essential, 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses for expansion program at modern hospital in very active community. Starting basic salary $309 for B.C. registered; $294 for non B.C. registered. Allowance made for qualifications & experience, RNABC personnel policies in effect, planned rotation, rooms available in new nurses' residence at $26 per mo. Apply to: Director of Nursing, Regional Hospital, Prince George, British Columbia.

General Duty Nurses for 110-bed hospital in northwestern B.C. Salary—non-registered $309, B.C. registered $324-$389. Travel allowance, newly furnished residence available. For full details contact: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurses for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn & Hudson Bay Glacier. Initial salary $324, maintenance $47.50, 40-hr. 5-day wk., 4-wk. vacation. Boating, fishing, swimming, golfing, curling, skating, skiing. Comfortable nurses' residence, rail fare advanced if necessary. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty, Operating Room & Experienced Obstetrical Nurses for 434-bed hospital with school of nursing. Salary: $309-$374. Credit for past experience & postgraduate training. 40-hr. wk. Statutory holidays. Annual increments; cumulative sick leave; pension plan; 28-days annual vacation; B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

General Duty & Operating Room Nurses for new 75-bed hospital opening in August. Salary for B.C. registered nurses $309-$374 with one salary increment for 2 years satisfactory experience. Salary for non registered nurses $294, 10 statutory holidays, 4-wk. annual vacation, 1-1/2 days sick leave per mo. cumulative to 120 days. C. U. & C. medical care plan & superannuation, living accommodation available. **CERTIFIED NURSE AIDES:** Salary $200-$221, fringe benefits as above except sick leave cumulative to 60 days. Very active town in Cariboo ranching country. Daily plane, train & bus service to points north & south, 8-hr. drive to Vancouver, B.C. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British Columbia.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Salary for B.C. Reg'd. Nurses $297 with regular increases; Unreg'd., $285. Board & room $25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 year. Apply: Director of Nursing, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic $309 with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

Graduate Nurse for 31-bed hospital. Salary: B.C. registered $324, non B.C. registered $314 per mo. with annual increments. 40-hr. wk., 4-wk. vacation, 1-1/2 day sick leave per mo. Lodging $11 per mo. Travel refunded from Vancouver after 6 mo. Apply to: Administrator, General Hospital, Ocean Falls, British Columbia.

Graduate Nurses for 20-bed hospital, 35-mi. from Vancouver, on Coast. Salary & personnel practices in accord with RNABC. Bus & train transportation, accommodation available. Apply: Director of Nursing, General Hospital, Squamish, British Columbia.

Nurses two for 30-bed hospital. Salaries as per B.C. Registered Nurses' agreement. Comfortable nurses' home. Apply to: Miss H. Campbell, R.N., Director of Nursing, Community Hospital, Grand Forks, British Columbia.

Operating Room & Obstetrical Nurses, British Columbia registered, for modern 450-bed acute General Hospital, located on South Vancouver Island. Basic salary $309, credit for experience & postgraduate preparation, personnel policies in accordance with RNABC. For particulars write to: Director of Nursing Service, St. Joseph's Hospital, Victoria, British Columbia.

MANITOBA

Matron (Duties to commence as soon as possible) for 20-bed hospital, 2-1/2 years old. Salary: $340 with regular increments every 6 mo. for 3 years. Living-in accommodation: $45. Apply to: Secretary-Treasurer, Riverdale Hospital, Box 428, Rivers, Manitoba. Mark letters (Matron's Application).

Registered Nurse for General Duty for 15-bed rural hospital. Starting salary: $320 per mo., $15 increment after 6 mo. and 2 annual increments of $10. Other valuable employment benefits. Apply: Secretary-Treasurer, P.O. Box 235, Fisher Branch, Manitoba.

Registered Nurses for 12-bed hospital in Lynn Lake, Manitoba. Salary $325 per mo. plus room & board. Group insurance, medical & hospital, pension plan available. For further particulars apply to: W. F. Clarke, Personnel Manager, Sherritt Gordon Mines Limited, Lynn Lake, Manitoba.

Registered Nurses (2) 25-bed hospital near Winnipeg. Salary $315 respectively, 40-hr. wk., vacation pay, 10 statutory holidays, room & board $45, $10 increment, yearly. **Registered Nurse** (1) with supervisory experience to assume duties of Director of Nursing, immediately, commencing salary $360. Apply to: Administrator, DeSalaberry Hospital District No. 27A, St. Pierre, Manitoba.

Registered Nurses for 165-bed hospital. Starting salary $285. Good personnel policies. Full orientation program. Apply: Nursing Service Officer, Victoria General Hospital, Winnipeg, Manitoba.

Registered Nurses & Licensed Practical Nurses (Immediately) for 700-bed modern General Hospital. Positions as **Head Nurse & General Duty** available on general medical & surgical wards, maternity, nursery, operating room, eye, ear, nose & throat, pediatrics & psychiatry. Salary in accordance with qualifications & experience. Must be eligible for Manitoba Registration. For further information write: Director of Nursing Service, General Hospital, St. Boniface, Manitoba.

Registered General Duty Nurse (1) (Required for the Hunter Memorial Hospital, Teulon, Manitoba.) 20-bed fully modern hospital, salary $305 per mo., 40-hr. wk., full maintenance available at the hospital for $45 per mo., increment of $5.00 every 6-mo. for 8 increments. Duties to commence October 1st, 1962. For further information & application form apply to: Mrs. Olive Campbell, Matron, Teulon, Manitoba.

General Duty Nurses (3) for new 85-bed hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District No. 18, Portage La Prairie, Manitoba.

General Duty Nurses for 20-bed hospital, 2-1/2 years old. Basic salary: $300 with maintenance at $45. Regular 6-mo. increments for 3 years. Situated 4 mi. from the Canadian Joint Air Training Centre & 25 mi. from Brandon. Address applications to: Secretary-Treasurer, Riverdale Hospital, Box 428, Rivers, Manitoba.

NOVA SCOTIA

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

ONTARIO

Operating Room Supervisor with postgraduate training, for 145-bed active General Hospital in Ottawa Valley. Personnel policies include 5-day wk., 60 days cumulative sick leave, 3-wk. vacation, 8 statutory holidays, employer participation in pension plan. Send applications to: Miss E. I. Sheppard, Reg. N. Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered Nurses for expanding General Hospital, Medical, Surgical, Operating Room & Obstetrical services, at Ajax, Ontario on Highway 401, 20 mi. east of Toronto, hourly bus service to hospital. Salary in accordance with qualifications & experience, increments every 6 mo., sick & vacation time after 6 mo., sick time cumulative to 14 days, 37-1/2 hr. work wk., pension plan, living-in accommodation. Apply to: Director of Nursing, **Ajax & Pickering General Hospital, Ajax Ontario. Nurses from Europe & United Kingdom,** apply to: Canadian Department of Labor, 61 Green Street, London, W.1, England.

Registered Nurses for 34-bed hospital, min. salary $320, 3-wk. vacation with pay, sick leave after 6-mo. service. **Certified Nurses Assistants** salary $220, 2-wk. vacation with pay. **All staff** — 5-day 40-hr. wk., 9 statutory holidays, pension plan & other benefits. Apply to: Superintendent, Englehart & District Hospital, Englehart, Ontario.

Registered Nurses for immediate & future vacanices in this 42-bed hospital. Starting salary $320. Accommodation in new residence available. Pension plan & other benefits available. For full information apply to: Director of Nursing, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses for new wing opening October, 1962. Excellent personnel policies & employee benefits. Apply to: Director of Nursing, St. Catharines General Hospital, St. Catharines, Ontario.

Registered Nurses for 60-bed hospital, starting salary $300 gross per mo., good personnel policies. Apply: Superintendent, St. Marys Memorial Hospital, St. Marys, Ontario.

Registered Nurses & Certified Nursing Assistants for modern 75-bed hospital. Starting salaries — R.N.'S $310 per mo., C.N.A.'S $220 per mo. Single room accommodation available in the residence. Dryden (population 6,500) an industrial town, also center of extreme tourist area, is conveniently located midway between Winnipeg & the Canadian Lakehead. For further information regarding personnel policies, community activities, etc. please call or write: The Director of Nursing, Dryden District General Hospital, Dryden, Ontario.

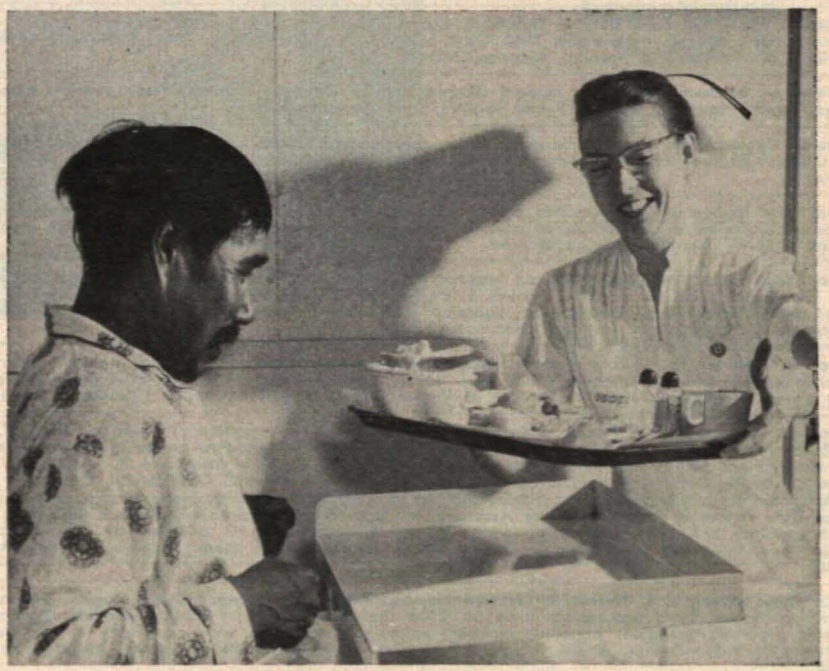
Registered Nurses (3) Certified Nursing Assistants (2) immediately for 40-bed hospital in pleasant town of 5,000, 42-hr.wk. with good rotation shifts, providing long weekends every 4 wks., good salary and personnel policies. For further details and application, apply: Administrator, General Hospital, Espanola, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed accredited hospital. Starting salary $320 & $220 respectively with regular annual increments for both. Excellent personnel policies including 5-day wk. Ontario hospital pension plan. Residence accommodation available. Assistance with transportation can be arranged. Apply: Director of Nurses, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R. N. minimum salary $320, maximum $370, 28-day vacation after 1-yr. C.N.A. minimum salary $232, maximum $265, 2-wk. vacation after 1 yr., 3-wk. after 2 yr. Credit for past experience, $5.00 increment every 6 mo., 40-hr. wk. 8 statutory holidays. Room & board $45 per mo., 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

NURSING WITH

Medical Services Directorate



REGISTERED HOSPITAL NURSES
PUBLIC HEALTH NURSES
AND
CERTIFIED AUXILIARY NURSES

For service to Indians across Canada, Eskimos and the population of the Yukon and Northwest Territories.

Those interested in positions at the following locations should write to: Fisher River Hospital, HODGSON, MAN.; Miller Bay Hospital, PRINCE RUPERT, B.C.; Moose Factory Hospital, MOOSE FACTORY, ONT; Norway House Hospital, NORWAY HOUSE, MAN.; Sioux Lookout Indian Hospital, SIOUX LOOKOUT, ONT.; Nanaimo Indian Hospital, NANAIMO, B.C.

Information on these and other positions is available from Medical Services Directorate, Department of National Health and Welfare, in Vancouver, Edmonton, Regina, Winnipeg, Ottawa and Quebec, or from the

Director, Personnel Services,

DEPARTMENT OF NATIONAL HEALTH AND WELFARE, OTTAWA

Registered Nurses for General Duty & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 80,000 people. **Salary: $305 per mo.** with annual merit increments, plus **annual bonus plan,** 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply: Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered Nurses for General Duty in modern 18-bed Private Hospital in iron mining town, 140 miles north of Sault Ste. Marie, Ontario. Starting salary $310 min. to $360 max., less $20 per mo. maintenance. Recognition for experience up to 3 years. Good accommodations & personnel policies. Transportation allowance after 6-mo. **Operating Room Nurse** starting salary $364 min. with postgraduate course to $414 max. with recognition for experience. Apply: Superintendent of Nurses, Lady Dunn Hospital, Wawa, Ontario.

Registered Nurses for General Floor Duty for 28-bed hospital in tourist & gold mining area. Basic salary: $315, 40-hr. wk. Please apply to: Matron, Margaret Cochenour Memorial Hospital, Cochenour, Ontario.

Registered Nurses for Staff Duty & Operating Rooms in General Hospital. All patients' services in new modern building opened in November 1960. Good salary & personnel policies. Apply to: Director of Nursing, Arnprior & District Memorial Hospital, Arnprior, Ontario.

Registered or Graduate Nurses for modern 100-bed hospital located in summer resort district, 40-mi. from Ottawa. Apply: Director of Nursing, Public Hospital, Smiths Falls, Ontario.

Registered General Duty Nurses (immediately) for new modern 35-bed hospital located in Almonte, 30-mi. from Ottawa. Good personnel policies. Apply to: The Director of Nursing Service, General Hospital, Almonte, Ontario.

General Duty Nurses for an accredited 66-bed hospital. Starting salary: $305. Excellent personnel policies, pension plan, residence accommodation only 10 min. from downtown Buffalo. Apply: Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for modern 100-bed hospital. Registered start at $300 monthly, Graduates $250-$285; 40-hr. wk., benefits include accident, sickness & life insurance, hospital & medical insurance plans, & O.H.A. Pension Plan. **Male Nurse,** graduate or registered also needed. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

General Duty Nurses for 100-bed modern hospital, southwestern Ontario, 32 mi. from London. Salary commensurate with experience & ability; $300 basic salary. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario.

General Duty Nurses Male & Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach and great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Certified Nursing Assistants for new 50-bed hospital with modern equipment. 40-hr. wk., 8 statutory holidays, excellent personnel policies & opportunity for advancement. Tourist town on Georgian Bay. Good bus connections to Toronto. Apply to: Director of Nurses, General Hospital, Meaford, Ontario.

General Duty Nurses, O.R. Nurses & Certified Nursing Assistants for new 85-bed hospital with modern equipment, situated in a progressive town of 5,000 located 23-mi. from London, Ontario. Postgraduate education preferred, excellent personnel policies, salary commensurate with experience & qualifications, opportunity for advancement. Apply: Director of Nursing, Strathroy Middlesex General Hospital, Strathroy, Ontario.

Staff Nurses for 350-bed General Hospital located in downtown Toronto, rotating hours of duty, attractive personnel policies, planned orientation & in-service education program. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario.

Operating Room Nurse (experienced) for 100-bed General Hospital. Salary $350, room & board, if desired, $50 per mo., good personnel policies & O.H.A. Pension Plan in effect. For further particulars apply: Director of Nurses, Lady Minto Hospital, Cochrane, Ontario.

Operating Room Nurse for 95-bed General Hospital with new O.R. facilities. Experience or postgraduate training desirable. Residence accommodation available. Apply to: Director of Nursing, Alexandra Marine & General Hospital, Goderich, Ontario.

Operating Room Nurse for small-sized hospital, good personnel policies & salary. Apply to: Superintendent, Kemptville District Hospital, Kemptville, Ontario.

Public Health Nurses (Qualified) for generalized program. Salary range $4,000-$5,000. Car provided, pension plan, attractive personnel policies. Cost of travelling to Kenora provided. Apply to: Dr. E. R. Langford, M.O.H., Northwestern Health Unit, Box 250, Kenora, Ontario.

Public Health Nurse: the Board of Health of the City of Niagara Falls will accept applications for the position of Public Health Nurse. Applicants must be Registered Nurses & hold a certificate in Public Health Nursing & the applicant should provide full information. Starting salary $4,200 with standard fringe benefits & annual increments in accordance with RNAO schedule. Apply: D. C. Patten, Secretary, City Hall, Niagara Falls, Ontario.

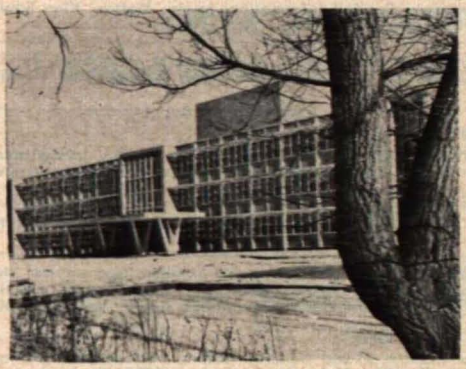
Public Health Nurses (qualified) Salary $3,900 - $4,875, annual increment $195. Transportation provided, usual employee benefits. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, Oshawa, Ontario.

Public Health Nurses (qualified) for generalized program with City of Peterborough. Personnel policies available on request. Apply to: J. R. Anderson, M.D., D.P.H. Medical Officer of Health, City Hall, Peterborough, Ontario.

Public Health Nurses (qualified) for generalized program including some bedside nursing. Salary: $3,650 to $5,500, annual increment $200. Employer shared pension plan, group insurance & P.S.I. Location 25 mi. from Toronto. Apply to: Dr. F. B. Wishart, Director, Ontario County Health Unit, Pickering, Ontario.

Public Health Nurse for generalized program starting late August 1962. Salary $3,900-$4,875, annual increment $195, allowance for previous experience, car allowance, pension plan & other benefits available. Personnel policies on request. Apply to: Miss Beatrice Whalley, Supervisor of Public Health Nursing, Waterloo County Health Unit, 566 Duke Street, Preston, Ontario.

PEACE RIVER MUNICIPAL HOSPITAL



Requires

REGISTERED NURSES

FOR NEW 70 BED HOSPITAL

ASSISTANT DIRECTOR OF NURSING, HEAD NURSES FOR EMERGENCY AND C.S.R. DEPARTMENTS, AND GENERAL DUTY NURSES

Transportation fare to Peace River will be refunded after 12 months employment.

For information write to:

Director of Nursing, MUNICIPAL HOSPITAL, PEACE RIVER, ALTA.

THE VANCOUVER GENERAL HOSPITAL

Appointments to nursing positions are available

Good personnel policies in effect including medical welfare plan, 40 hour week — four weeks vacation. In-Staff Education program well established during winter months.

Salary $297 - $359 per month with consideration for experience or special preparation.

SUMMER VACATION RELIEF

Appointments for the 1962 summer vacation program are now available at $297 or $311 per month with approved experience.

For further details concerning the above please apply to:

PERSONNEL DIRECTOR, THE VANCOUVER GENERAL HOSPITAL

10th and Heather Streets, Vancouver 9, British Columbia

Public Health Nurse required by City of Waterloo, duties to commence immediately. Personnel policies on request. Apply: Dr. P. A. Voelker, Medical Officer of Health, 36 Young Street West, Waterloo, Ontario.

Nurses with certificate in public health, required by Stormont, Dundas & Glengarry Health Unit in the Seaway Valley area. Generalized program. Minimum salary $3,700, annual increment, allowance for experience, 5-day wk. Employer-shared surgical group benefits, pension plan & Ontario Hospital insurance, 3-wk. vacation, cumulative sick leave benefits, car allowance. Apply in writing giving qualifications & experience to: Miss Glenna French, Supervisor of Nurses, Box 1058, Cornwall, Ontario.

BERMUDA

Instructor to be responsible for Nursing Assistant program. For full information, apply: Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for Operating Room with operating room postgraduate course and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write: Matron, King Edward VII Memorial Hospital, Bermuda.

QUEBEC

Operating Room Supervisor for modern, accredited 55-bed hospital. 40-hr. wk., 1-mo. vacation. Living accommodation available in new motel-style nurses' residence. Apply stating qualifications to: Superintendent, Barrie Mecorial Hospital, Ormstown, Quebec.

Assistant Head Nurses; excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses for 30-bed General Hospital, 50 mi. from centre of Montreal, excellent bus service. Starting salary $300 per mo., salary increased as recommended by ANPQ, 40-hr. wk. 4-wk. annual vacation, statutory holidays, 2-wk. sick leave, Blue Cross paid, living accommodation available. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Quebec.

Registered Nurses & Certified Nursing Assistants for modern 55-bed General Hospital, salary $300 per mo., 5 semi-annual increases, 40-hr. wk., 4-wk. vacation. **Certified N.A.** starting salary $210, 3-wk. vacation, accommodation available in new motel-style residence. Apply: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

Graduate Nurse with diploma in Public Health preferably with some experience in administration & nursing supervision. Send particulars to: D. W. Lough, Town Manager, 90 Roosevelt Avenue, Mount Royal, Quebec.

Graduate Nurse for 144-bed Tuberculosis Hospital in centre of Laurentian Resort Area. Apply to: The Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

Operating Room Nurses, neurosurgical experience preferred but must have at least one year's experience in general Operating Room technique. Apply: Director of Nursing, Montreal Neurological Institute, 3801 University Street, Montreal 2, Quebec.

SASKATCHEWAN

Matron (Female) for 19-bed modern hospital, salary $350 per mo., with increments etc., according to SRNA recommendations. Duties to commence as soon as possible. Apply in writing, giving age, experience & references to: N. M. Trischuk, Sec.-Mgr., Union Hospital, Nokomis, Saskatchewan.

Registered Nurse (immediately) for Union Hospital, Mossbank, Sask., with Dr. J. E. Miller in attendance, salaries as per SRNA with increments & benefits. 40-hr. wk., fully modern nurses' residence, daily bus service to the city. Apply to: Mrs. A. Haug, Matron, Mossbank, Saskatchewan.

U.S.A.

Director of Nursing Service for modern, well-equipped 230-bed hospital, thoracic diseases, medical-surgical division, pediatrics, rehabilitation. Starting salary up to $613 per mo., depending upon qualifications. 11 holidays, 15 w.d. vacation annually. Apply: Medical Director, Tulare-Kings Counties Hospital, Springville, California.

Registered Nurses for modern 374-bed JCAH fully accredited General Hospital. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses Career satisfaction, interest & professional growth unlimited in modern, JCAH accredited 254-bed hospital. Located in one of California's finest areas, recreational, educational & cultural advantages are yours as well as wonderful year-round climate. If this combination is what you're looking for, contact us now! Staff Nurse entrance salary $370 with automatic increases to $435 per mo., supervisory positions at increased rate. Special area & shift differentials paid. Excellent benefits including Blue Cross hospitalization & surgical coverage & liberal personnel policies. Professional staff appointments available in all clinical areas to those eligible for California licensure. Write today: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for 78-bed accredited hospital in friendly coastal city with pleasant climate. Do not rotate shifts. 40-hr. wk. **General Duty** — $365 basic salary. $20 differential for 3-11 or 11-7 shifts. **Experienced Operating Room Nurse.** Basic salary $375 with financial reimbursement for calls. **Obs. Nurses** — $375 basic salary, nurses' residence available at reasonable rates. Apply: Director of Nursing, General Hospital Eureka, California.

Registered Nurses for completely modern 299-bed hospital. Starting salary $345 per mo., 40-hr. wk., $20 differential for P.M. shift; $10 differential for night shift. Additional $10 differential paid for obstetrics, nursery, operating room & psychiatric services. 7 paid holidays, paid sick leave, paid health & life insurance, liberal vacations, free employee parking, low cost cafeteria. Please write: Mrs. Dorotha L. Stuart, Personnel Director, Community Hospital, Fresno 15, California.

Registered Nurses, General Duty, all shifts for 235-bed accredited hospital. New building completely air-conditioned, near ocean & mountains. Please apply: Community Hospital, 1500 West 17th Street, San Bernardino, California.

Registered Nurses for General Duty for 80-bed General Hospital. Salary from $355 to $435 with differential for evening & night shifts. California registration required. Apply to: Director of Nurses, Hahnemann Hospital, 3698 California Street, San Francisco 18, California.

REQUIRED IMMEDIATELY

THREE INSTRUCTORS OF NURSING

School of Nursing — Brandon General Hospital

STUDENT ENROLLMENT 60

HOSPITAL BEDS 220

Post-basic preparation in
Teaching and Supervision required,
experience desired.

Recognition given for preparation and experience

For further particulars apply to:

PERSONNEL OFFICER
BRANDON GENERAL HOSPITAL
BRANDON, MANITOBA

NURSING CONSULTANT

Required for

SANATORIUM BOARD OF MANITOBA

operating 5 hospital for Rehabilitation and Physical Medicine, Extended Treatment, and Tuberculosis, respectively.

Responsible for:

1: Nursing Services and quality of nursing care.

2: Development of in-service education programs.

3: Consultation at executive level on all aspects of nursing administration.

Salary according to experience and qualifications.

Appointment immediately.

Apply to:

EXECUTIVE DIRECTOR
SANATORIUM BOARD OF MANITOBA
800 SHERBROOK STREET, WINNIPEG 2, MANITOBA

Registered Nurses for 350-bed hospital, modern, all air conditioned new wing recently opened. Excellent salary with regular increments, differential for evenings & nights. Near beach & mountain resorts, nearby State College offers educational opportunities. For more information inquire: Director, Nursing Service, St. Mary's Hospital, 509 E. 10th Street, Long Beach, California.

Registered Nurses (Come to sunny California) **Staff Nurses for permanent positions,** various departments, days, eves., nights. Excellent starting salary, increments, benefits & working conditions in one of the largest & finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California.

Registered Nurses for private 258-bed hospital for men, women & children. Staff Nurse salaries from $355-$435, differentials for evenings, nights, communicable disease, operating room & delivery. Opportunities in all clinical areas. Holidays, vacations, sick leave & health insurance. California registration required. Applications & details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Starting salary $350 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Registered Nurses (Work where it is fun to live! Come to sunny California) for 274-bed hospital, located within walking distance of the beaches & a few minutes' drive from Beverley Hills, Hollywood, & Los Angeles. (Salary according to prevalent range in area) outstanding fringe benefits (near excellent educational facilities). Let us tell you more about the opportunities to give patient-centered care. Contact office of: Director of Nursing, Santa Monica Hospital, 1250-16th Street, Santa Monica, California.

Registered Nurses for accredited 230-bed hospital thoracic diseases, medical-surgical division, pediatrics, rehabilitation. **Supervising Nurses** $458/$530, start $481 if experienced; **Head Nurses** $415/$481, start $436 if experienced; **Staff Nurses** $376/$415; $10 afternoon & night shift differential. Living accommodations for single woman. 11 holidays, 15 w.d. vacation annually. Beautiful Sierra foothill location. Apply: Director of Nurses, Tulare-Kings Counties Hospital, Springville, California.

Registered Nurses. Positions open in beautiful southern California hospital. Excellent opportunities. California registration available & required. Please apply to: Director of Nursing, Little Company of Mary Hospital, Torrance, California.

Attention! General Duty Nurses 300-bed fully accredited County Hospital located 2-hr. drive from San Francisco, ocean beaches, & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., pd. vacation, pd. holidays, pd. sick leave, retirement plan, social security & insurance plan. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Effective 11-1-62 starting salary $395 per mo., plus shift & service differentials. Must be eligible for California registration. Write: Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

Graduate Nurse, Staff Duty for 100-bed acute County Hospital J.C.A.H. accredited, located in San Joaquin Valley midway between San Francisco & Los Angeles, 40-hr. work wk., sick leave, 3-wk. paid vacation, 12 holidays, a career employment, salary $358-$415 depending on experience & recommendations, plus shift differential, rooms available in modern nurses' residence at $10 per mo., within 2 hours drive of ocean, mountain or desert resort areas. Write, wire or phone: Director of Nursing, County Hospital, Tulare, California.

Staff Nurses for new modern 800-bed General & Tuberculosis Institution in beautiful San Joaquin Valley city — no smog — no snow — 235,000 in metro. area, midway between Los Angeles & San Francisco, close to 3 National Parks, 2 colleges & other cultural advantages. Full maintenance available. Immediate appointment. $4,320 to $5,400 per year. Apply immediately to: Director of Personnel, Fresno County Civil Service, Room 101, Hall of Records Building, Fresno 21, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Duty positions in private 428-bed hospital, non-registered graduates acceptable. Liberal personnel policies & salary. Write to: Personnel Director, Hospital of the Good Samaritan, 1212 Shatto Street, Los Angeles 17, California.

Professional Nurses for medical, surgical, pediatric, obstetrical, intensive care, operating rooms & psychiatric services for 275-bed JCAH accredited hospital located in residential area close to beaches, cultural & educational centers. Good transportation facilities. 40-hr. wk. Excellent personnel policies & benefits. Write to: Director of Nursing Service, St. John's Hospital, Santa Monica, California.

General Duty Nurses for various departments including surgery for 72-bed hospital. Starting salary $375 per mo. with periodic increases & fringe benefits. College town, tourist area, ideal climate. Contact: Superintendent, Alamosa Community Hospital, Alamosa, Colorado.

Graduate Nurses (Professional) Choose a career at Chicago's renowned medical-teaching center. Various staff & special assignments available to provide a work setting compatible with your interests & experience. Starting salary to $420 per mo., plus $40 evening differential & premiums for special assignments. Fringe benefits include vacation to 4-wk. per year, 8 paid holidays, cumulative sick leave, Blue Cross & pension plan, private rooms in modern residence building. Your inquiries are invited: Director, Nursing Service, Dept. C.J.N., Mount Sinai Hospital, 2750 W. 15th Place, Chicago 8, Illinois.

Obstetrical Supervisor for 30-bed brand new O.B. Dept. in 200-bed hospital. Responsible for supervision & coordination of nursing care of separately staffed Labor & Delivery, Nursery & Post-Partum areas, facilities include Post-Partum Recovery Room & Rooming-in Units, prefer B.S. in Maternal & Child Health or P.G. in Obstetrics with previous supervisory experience. Salary commensurate with qualifications. Write: Director of Nursing, Highland Park Hospital, 718 Glenview Avenue, Highland Park, Illinois.

Operating Room Nurses for modern 200-bed General Hospital along the shores of Lake Michigan, 30-min. from Chicago. Progressive salaries and policies. Live in modern nurses' bungalows adjacent to hospital & enjoy social, cultural & educational advantages of Chicago, 6-room brand new operating suite, utilizing most current "nurse saving" methods & equipment. If you're a confirmed OR nurse you'll be right at home in our OR! If you feel you might be interested in OR (but aren't sure) our OR will convert you, beyond any doubt. Contact: Director of Nursing, Highland Park Hospital, Highland Park, Illinois.

THE PROVINCE OF MANITOBA

requires an

INSTRUCTOR

in the School of Nursing

for the

HOSPITAL FOR MENTAL DISEASES
Selkirk, Manitoba

Applicant should be a Registered Nurse preferably with postgraduate experience in Psychiatric Nursing

SALARY: $335 - $420 per month

Full Civil Service benefits, including annual vacation, liberal sick leave, pension and group insurance privileges

Apply to:

MANITOBA CIVIL SERVICE COMMISSION
Room 332, Legislative Bldg., Winnipeg 1, Manitoba

JEWISH GENERAL HOSPITAL MONTREAL QUE.

NURSING OPPORTUNITIES

In this modern 400-bed non sectarian hospital in Administration, Teaching, Staff Nursing. Certified Nursing Assistants also required. Openings in Psychiatry, Pediatrics, Obstetrics and Medicine and Surgery. Excellent personnel policies. Bursaries for post-basic courses in Teaching and Administration

For further information, please write:

Director of Nursing, JEWISH GENERAL HOSPITAL, 3755 Cote St. Catherine Rd., Montreal, Que.

Staff Nurses & Licensed Practical Nurses (Openings in several areas, all shifts). Minimum starting pay $77 R.N.'s.; L.P.N.'s $61 per wk., experience considered, differentials paid for reliefs, nights. Every other weekend off in small community hospital 2 miles from Boston. Living quarters available. Contact: Miss Elizabeth Hewitt, R.N., Director of Nurses, Chelsea Memorial Hospital, Chelsea, Mass.

Staff Nurses 380-bed hosp. new 120 med-surg. unit. Trans. pd. 1st class air to Albuq. and return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment." Career opportunities, largest pvt. JCAH accredited hosp. in state; near U. of New Mexico, R.N. & B.S. pgm. Practical Nurse pgm. accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds., & O.R., salaries $315 per mo. even., night or O.R. with call; 6-mo. increases up to $375; days $300 per mo. with increases up to $360. Rotation from day duty is required only when no person desiring permanent P.M. of night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp. Services, pd. sick leave cumulative to 5 wks., annual physical exam., vacation 1 yr. — 2 wks., 2 yrs. — 3 wks., 5 yrs. — 4 wks. Active in-service pgm. Occasional vacancy hosp. owned apts. New Mexico licensure as professional nurse & U.S. Citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold, S.E., Albuquerque, New Mexico. Phone 243-5611.

COURSES FOR R.N.'S N.Y. POLYCLINIC MED. SCH. & HOSP. — in heart of Manhattan — 6-mo. courses in: O.R. NURSING, OPD. NURSING, MED.-SURG. NURSING. Classes 4 times yrly: Mar., June, Sept., Dec. Room, meals, Medical Care & monthly cash stipend. Positions available to graduates of our Courses. For information write: Director of Nursing Education, 345 W. 50 St., N.Y.C., NEW YORK.

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric & pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio.

Staff Nurses for large modern tuberculosis hospital, suburban Cleveland, Ohio. Monthly salaries start at $375 days, $407 evenings, $396 nights, with semi-annual increments, 5-day work wk., paid vacation & 6 holidays, liberal sick leave, comfortable accommodations in nurses' residence at low rate. Learn & earn at a progressive accredited hospital in a growing community. Write: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Registered Nurse (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary starts at $372. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon.

Staff Nurses (All Clinical Services) Base salary $350, opportunities for advancement, differential for 3-11 & 11-7 shifts, personnel policies, sick leave, retirement plan, 3-wk. vacation & laundry of uniforms. Orientation & in-service programs, housing available on campus. Apply: Director of Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas.

Male Psychiatric Nurse to supervise a unique Psychiatric Research Unit near Houston, Unit is operated by Baylor University College of Medicine & Houston State Psychiatric Institute. Starting salary $5,000 per annum with house, utilities & servant. Full time staff in Psychiatry & Psychology. Research is mostly Psychopharmacological at present but embraces all aspects of Penal Psychiatry. Opportunity for close association with Houston State Psychiatric Institute (Miss Patricia Collum, Director of Nurses). Apply: Director, 1300 Moursund Avenue, Houston, Texas.

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1. DEAN OF FACULTY OF NURSING, UNIVERSITY OF BAGDAD, IRAQ
   to guide national and international teaching staff in creating a new university school of nursing.
2. PROFESSOR OF NURSING, HIGHER INSTITUTE OF NURSING, ALEXANDRIA, EGYPT
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Salary range: $8,930 - $11,420 (U.S.) per annum, net of income tax, plus allowances.

Positions will be filled when suitable candidates are available.

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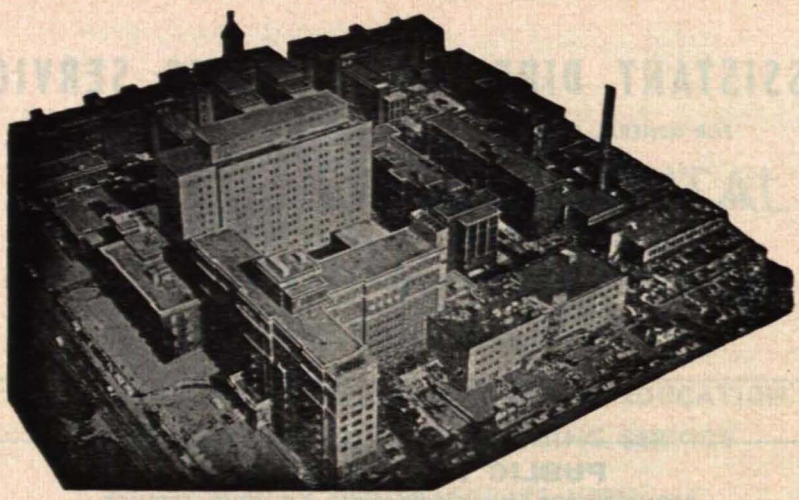

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for Medical and Surgical Services

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REWARDING EXPERIENCE — EXCELLENT PERSONNEL POLICIES

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Gross salary $320 monthly with annual increments for 3 years to $350.

Until registration in Ontario is established — $295.

Rotating periods of duty — 40 hour week, 8 statutory holidays annually — Annual vacation 21 days after one year.

Annual sick time 12 days after one year, cumulative to 18 days. Hospitals of Ontario Pension Plan.

Ontario Hospital Insurance and Physicians' Services Incorporated, 50% payment by hospital.

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DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO

ASSISTANT DIRECTOR, NURSING SERVICE

FOR GENERAL HOSPITAL LOCATED IN ATTRACTIVE COMMUNITY
ONE HOUR FROM DOWNTOWN TORONTO

Expansion to 265-beds now taking place will provide the most up-to-date facilities and feature the concept of progressive patient care.

Apply: **DIRECTOR OF NURSING**
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REQUIRED FOR HEALTH BRANCH, B.C. CIVIL SERVICE

Positions available for qualified Public Health Nurses in various centres in British Columbia. SALARY: $356-$440 per month; car provided. An opportunity for interesting and challenging professional service in this beautiful and fast-developing Province. For further information and application forms, apply to The Director, Public Health Nursing, Department of Health Services and Hospital Insurance, Parliament Buildings, Victoria, B.C., or to The Chairman, B.C. Civil Service Commission, 544 Michigan Street, Victoria, B.C. COMPETITION No. 62:57

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Postgraduate certificate required for charge position in this 110-bed hospital in Northwestern British Columbia.
RNABC personnel and salary policies in effect plus $15 per month.
Comfortable modern nurses' residence available - Full maintenance $50 per month

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for

ROYAL INLAND HOSPITAL, KAMLOOPS, B.C.

204-bed fully accredited General Hospital with School of Nursing. Large expansion program approved. Salary commensurate with preparation and experience. Position available October, 1962.

Please apply to:
DIRECTOR OF NURSING, ROYAL INLAND HOSPITAL, KAMLOOPS, BRITISH COLUMBIA

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requires

REGISTERED NURSES
for Fall vacancies

Liberal personnel policies

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Sherway Drive, Toronto 18, Ontario

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Positions available immediately for Registered Nurses, general duty in new wing of hospital, intensive care unit, general medical and surgical wards and obstetrical unit. Salaries are paid in accordance with recommendations of Association of Nurses of the Province of Quebec and commensurate with experience and education.

For further information please make appointment or write to

DIRECTOR OF NURSING
QUEEN ELIZABETH HOSPITAL
OF MONTREAL
2100 MARLOWE AVE., MONTREAL 28, QUE.

THE GENERAL HOSPITAL OF PORT ARTHUR

Invites applications for the positions of

(a) ASSISTANT DIRECTOR OF NURSING EDUCATION

(b) ASSISTANT DIRECTOR OF NURSING SERVICE

SALARIES COMMENSURATE WITH QUALIFICATIONS AND EXPERIENCE

Apply to:

DIRECTOR OF NURSING
GENERAL HOSPITAL OF PORT ARTHUR
PORT ARTHUR, ONTARIO

NURSES, REGISTERED

250-bed General Acute Hospital, Centrally located in SAN FRANCISCO, CALIFORNIA

IMMEDIATE day, evening and night positions available for nurses in:

SURGERY, CARDIAC AND INTENSIVE CARE, GENERAL STAFF DUTY

Qualified applicants guaranteed positions for visa purposes

SALARY RANGE from $365-$435 plus $36.50 P.M. shift (3-11:30 P.M.) and specialty differentials, medical benefits and liberal holiday and vacation benefits.

GRADUATE medical resident program with University of California Medical School in General Surgical, Neurological, Ortho, and Plastic Surgery.

For further information, please write to:

MISS LOIS JAHN, DIRECTOR OF NURSING,
FRANKLIN HOSPITAL,
14th and Noe Sts., San Francisco, Calif.

REGINA GENERAL HOSPITAL

Regina, Saskatchewan

Invites applications for the position of

DIRECTOR of NURSING and PRINCIPAL OF THE SCHOOL OF NURSING

800-bed fully accredited general hospital, with large School of Nursing. Expansion and replacement program in planning stage. Organization provides Associate Directors of Nursing Service and Nursing Education. Remuneration as comparable with that paid well qualified persons with similar positions in Canada. Benefits include Pension Plan, Group Life Insurance, sick leave, four weeks' vacation, with living-in accommodation, if desired.

Enquiries and applications to be forwarded to:

MR. C. E. BARTON,
Executive Director

VICTORIAN ORDER OF NURSES FOR CANADA . . .

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

DIRECTOR IN CHIEF
VICTORIAN ORDER OF NURSES FOR CANADA
5 BLACKBURN AVENUE
Ottawa 2, Ont.

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and

CERTIFIED NURSING ASSISTANTS

for

375-bed, fully accredited General Hospital. Registered Nurses salary $300 - $340 per month. Certified Nursing Assistants $200 - $230 per month.

For further information write:

DIRECTOR OF NURSING SERVICE
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WINDSOR, ONTARIO

APPLICATIONS ARE INVITED FOR THE POSITION OF

ASSOCIATE DIRECTOR

OF

NURSING EDUCATION

AT

THE HOSPITAL FOR SICK CHILDREN, TORONTO

The Nursing Education program at H.S.C. includes the three year basic course in nursing and the twelve week Pediatric nursing course for affiliate students of 24 Ontario Schools of Nursing.

For information please contact the

Director of Nursing
The Hospital for Sick Children
Toronto, Ontario

REGISTERED NURSES

REQUIRED FOR DVA HOSPITALS

Salaries in accordance with accepted practice in the locality as indicated below. A higher rate may be paid for recent acceptable experience. Specialty allowances will be paid for postgraduate training or education which is utilized in the performance of the duties of the position.

Victoria Veterans Hospital, Victoria, B.C. ($3,600)
Shaughnessy Hospital, Vancouver, B.C. ($3,600)
Colonel Belcher Hospital, Calgary, Alta. ($3,450)
Deer Lodge Hospital, Winnipeg, Man. ($3,450)
Westminster Hospital, London, Ont. ($3,450)
Sunnybrook Hospital, Toronto, Ont. ($3,450)
Queen Mary Veterans Hospital, Montreal, P.Q. ($3,300)
Ste. Anne Veterans Hospital, Ste. Anne de Bellevue, P.Q. ($3,300)
Lancaster Hospital, Lancaster, N.B. ($3,150)
Camp Hill Hospital, Halifax, N.S. ($3,000)

BENEFITS—Pension plan; three weeks' paid vacation; three weeks' cumulative sick leave; five day week. Cotton uniform and laundering of same will be provided. In some centres low cost living in staff residences is also available.

Applications are available at Civil Service Commission Offices, National Employment Offices and main Post Offices. — For further particulars contact the Civil Service Commission Office in the province where the position in which you are interested exists:

VANCOUVER, 1110 Georgia St. W.; EDMONTON, 107 St. and 99 Ave.; WINNIPEG, 266 Graham Ave.; TORONTO, 25 St. Clair Ave. E.; MONTREAL, 1165 Bleury St.; SAINT JOHN, Canterbury St.; HALIFAX, 105 Hollis St.

Consultant in Rehabilitation Nursing

Required by a visiting nursing organization with a staff of over 100 nursing personnel. Applicant should be a qualified Public Health Nurse with experience in public health nursing. Experience or additional preparation in rehabilitation nursing desirable. Salary commensurate with experience and education. Agency car or mileage for own car provided. Please state qualifications in letter of application.

Apply to: **DISTRICT DIRECTOR**

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281 SHERBOURNE STREET — TORONTO 2, ONTARIO

MRS. COWARD'S TRAINED NURSES' INSTITUTE

62 ST. GEORGE'S SQUARE, LONDON, S.W.1.

Founded 1904

Vacancies are available for selected State Registered Nurses who desire to undertake private nursing on the basis of fees recommended by the Royal College of Nursing.

The Institute operates for the benefit of nurses, not being a profit-making concern, and comfortable board residence facilities are available at its premises at moderate prices. Full particulars may be obtained on application to the Sister-in-Charge at the above address.

Nurses should, before leaving, apply to:

(a) An office of the British Information Service, or a British Passport or Trade Commission office for a United Kingdom Employment Voucher, pursuant to the Commonwealth Immigrant Act 1962.

(b) The Registrar for registration with the GENERAL NURSING COUNCIL FOR ENGLAND and WALES (23 Portland Place, London, W.1.)

REGISTERED NURSES

FOR OPERATING ROOM IN 120-BED GENERAL HOSPITAL
situated 12 miles west of Toronto

Good personnel policies including pension plan

Apply:

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DEPARTMENT OF PUBLIC HEALTH
Province of Nova Scotia

Requires the Services of

GRADUATE NURSES

who are interested in Public Health Nursing. Applicants must meet University entrance requirements.

Further information may be obtained from The Director, Division of Public Health Nursing, Department of Public Health, Provincial Administration Building, P.O. Box 488, Halifax, Nova Scotia.

Application Forms may be obtained from the

NOVA SCOTIA
CIVIL SERVICE COMMISSION
P.O. Box 943
Provincial Administration Building
HOLLIS STREET
HALIFAX, NOVA SCOTIA

DIRECTOR OF NURSING

at

PEEL MEMORIAL HOSPITAL

220-bed General

30-bed Psychiatric

Phone Toronto 286-2871

Apply to:

ADMINISTRATOR,
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COOK COUNTY • HOSPITAL •

GRADUATE NURSES

START $395.00 per month

Write for the facts . . . regarding employment, residence, opportunities for study and advancement

Apply:
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Cook County School of Nursing
1900 W. POLK STREET
CHICAGO 12, ILLINOIS
TAYLOR 9-6400

RESIDENCE & SCHOOL

Assistant Director of Nursing

for

500-bed, modern hospital
IN WESTERN ONTARIO

Excellent opportunity for an individual with initiative and organizing ability.

Salary will be according to qualifications.

Annual increments.

Accommodation provided in residence at nominal charge.

Please address applications stating qualifications, experience to:

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Opportunities for men and women on all services including metabolism, rehabilitation, psychiatry, recovery room, medicine, surgery, pediatrics, obstetrics, operating room, and emergency room. Well planned orientation and in-service programs, tuition-free courses at Western Reserve University after 3 months employment, low cost housing in nurses' residence. Liberal personnel policies with premium for evening and night tours of duty. Starting rate based on experience and education. Write for more information and the booklet "New Horizons in Nursing," to:

DIRECTOR OF NURSING,
UNIVERSITY HOSPITALS OF CLEVELAND,
University Circle, Cleveland 6, Ohio

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If you desire to practise your profession in a modern and scientific hospital, that has 21 specialties and 1,050 beds, join the nursing staff of

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Generous salaries, according to qualifications, with periodic increases. Differential for evening and night duty, 10 statutory holidays. Vacation based on date of employment. Pension plan. In-service education program. Recreational center

For information, write to:

LA DIRECTRICE DU NURSING
HOPITAL NOTRE-DAME, 1560 est, rue Sherbrooke, Montréal 24

THE PETERBOROUGH CIVIC HOSPITAL
REQUIRES

Head Nurse for Pediatric Department

General Duty Staff Nurses

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

SUBURBAN TORONTO
Graduate Nurses & Certified Nursing Assistants

Are invited to enquire re: employment opportunities in a well-staffed 125-bed hospital in suburban west Toronto now expanding to 350 beds. General Staff Nurses salary range: $305-$355 per month. Certified Nursing Assistants $225-$255 per month, 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING - HUMBER MEMORIAL HOSPITAL
200 Church Street, Weston, Toronto 15, Ontario - CH. 4-5551

PROVINCE OF ALBERTA

EMPLOYMENT OPPORTUNITY

EMERGENCY HEALTH SERVICES NURSE CONSULTANT

Department of Public Health

EDMONTON

$395 - $495

- Nurse consultant to Alberta Emergency Measures Health Services.
- R.N. - Must qualify for membership in the Alberta Association of Registered Nurses.
- Experience in general hospital administration and operating room techniques.
- Competition No. 62-198.

For details and application forms, apply to:

PERSONNEL ADMINISTRATION OFFICE,
BLOCK D, ROOM 203,
TERRACE BUILDING

PROVINCE OF ALBERTA

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Department of Public Health

EDMONTON, ALBERTA

$415 - $520

- Extensive experience in public health and pediatric nursing and administrative duties.
- Postgraduate training required.
- Competition No. 62-319.

For details and application forms, apply immediately to:

PERSONNEL ADMINISTRATION OFFICE,
BLOCK D, ROOM 203,
TERRACE BUILDING

NANAIMO REGIONAL GENERAL HOSPITAL

NANAIMO, B.C.

requires

Supervisor
for Operating Room

Head Nurses
for Pediatrics, Medicine, Surgery

General Duty Nurses
for Operating Room, Obstetrics, Medicine, Surgery and Emergency Depts.

Salary:

General Duty	**R.N. $309 to $374**
Head Nurses	**R.N. $340 to $411**
Supervisor	**R.N. $357 to $431**

Allowance for experience and postgraduate education. Personnel policies in accordance with R.N.A.B.C. includes statutory holidays, 20 days vacation, sick leave, medical plan and pension fund.

New 188-bed hospital opening during October in Nanaimo on beautiful Vancouver Island, B.C.

Positions available September 15th.

Apply to:

DIRECTOR OF NURSING
NANAIMO REGIONAL GENERAL HOSPITAL, NANAIMO, B.C.

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The Department of Nursing has received a grant to undertake a program of Nursing Research. This program is to be geared to improving patient care.

Applicants must have some experience with research methods and preferably experience in Pediatric Nursing.

Please address application to the

Director of Nursing
The Hospital for Sick Children
Toronto, Ontario

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NURSING SUPERVISORS - GENERAL DUTY NURSES

Required by Metropolitan Toronto for the new Riverdale Hospital, an 800-bed hospital for the chronically ill and convalescent patients to be opened in late 1962, and for Bendale Acres a new Home for the Aged opening in the summer of 1962. Permanent positions, 40 hour week and excellent personnel policies in effect. Please forward summary of experience to:

PERSONNEL DEPARTMENT
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SCHOOL OF NURSING

requires

CLINICAL INSTRUCTOR MEDICAL NURSING
CLINICAL INSTRUCTOR SURGICAL NURSING

Duties to commence immediately.

For information apply to:

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THE POSITION OF OPERATING ROOM SUPERVISOR WILL BE OPEN OCTOBER 1962

200-bed General Hospital fully accredited

Pleasant City — 3 colleges

Good salary and personnel policies

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For 163-bed active hospital, located in a progressive community between Toronto and Hamilton. Postgraduate training or experience essential. Good salary and personnel policies.

Apply giving age, qualifications and experience to:

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OAKVILLE, ONTARIO

Registered Nurse

If you are looking for job satisfaction and educational opportunities you can find both at

PRESBYTERIAN HOSPITAL in Philadelphia.

General staff positions in cardiac, thoracic, medical-surgical, O.R., Obs., and Pediatrics. Salary range $325 - $365 per month depending on experience, PLUS $50/month bonus for 3 months assignment to evening and/or night shift PLUS perquisites.

Write:

DIRECTRESS OF NURSES
51 NORTH 39th STREET
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or call

EVergreen 2-4200 Ext. 342

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Live and work in the friendly, progressive atmosphere of a 300-bed suburban hospital in a pleasant residential setting.

Conscientious, qualified nurses offered choice of responsible staff positions with hospital and community benefits. Recent registration in most Provinces acceptable when applying for Connecticut registration by reciprocity.

- Choice of services.
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General Staff Nurse positions available in General Operating Rooms (general surgical, cardiac, neuro-surgical, plastic, orthopedic, ear, nose and throat, and urology). Positions also in Gynecological and Ophthalmological operating rooms. Salary commensurate with experience, excellent additional benefits including refund of tuition up to six points per semester.

For further information write to:

DIRECTOR, NURSING SERVICE
THE JOHNS HOPKINS HOSPITAL
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MEDICAL CENTER

Ann Arbor, Michigan

Offers challenging positions to qualified Registered Nurses

1000-bed hospital - All Clinical Services

Good salaries - $375 to $415 and generous fringe benefits

For further information write:

ROBERT J. GREENOUGH
DEPT. F - UNIVERSITY HOSPITAL
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MEDICAL CENTER
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offers an interesting variety of experience
to Staff Nurses in a modern 750-bed hospital

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THE SCHOOL OF NURSING

BROCKVILLE GENERAL HOSPITAL, BROCKVILLE, ONT.

Invites applications for — Instructor
Requirements: University preparation in Nursing Education
Salary differential for degree

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DIRECTOR OF NURSING

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Opening large modern addition - Autumn, 1962 - 900-bed capacity

Nursing facilities, both attractive and efficient, await the professional graduate nurse. A Six-Million Dollar expansion provides for a new air-conditioned building, with modern Admitting Wing, Emergency Unit, Operating and Recovery Rooms, Intensive Care Unit, Patient Rooms, Wards and Play Areas, enlarged Laboratories and a New Dining-Room for the personnel. Orientation and Active In-Service program. Clinical areas for Student Nurses and Medical Interns - The City of Hamilton is within easy access to the Niagara Peninsula and U.S.A.

Positions available in all clinical areas

For further information write:

DIRECTOR OF NURSING, ST. JOSEPH'S HOSPITAL, HAMILTON, ONTARIO

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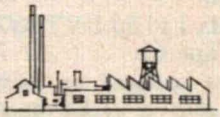

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